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Office Use Only

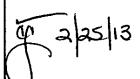


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SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	(PROPOSED CORPORAT	JACK, P.A.	IDE SHFFIX)		
	(3322 2311 3121		, DE SCITTIE,		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	l a check for:	•	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO			
FROM:	8951 Sa Drigo City, S	Janes Jack (Printed or typed) AVANNAH PAN ddress Flouida State & Zip 76 - 6547		13 FEB 22 PM 2: 5	FIL SECRETARY JIVISION OF CO
 ,	Daytime Te	lephone number		PM 2: 5	ED OF STA ORPORA
	Box Sade E-mail address: (to be used	for future annual report	notification)	2	TIONS

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ICLE I NAI			Kozeki	J. Jack	P.A.	อเงาร์เด็	ETARY OF STATE OF CORPORATE
gele 11 - pri	NCIPAL OF	eet address	•		Mailing add	13 FE ress, if different is:	B 22 PM 2:51
ORLAN							
TCLE III PUR ourpose for which	POSE the corporatio	n is organized	is: Pa	Acrice e	of Lan		
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				d			
TCLE IV SHA	1RES 'stock is:	100		d			
umber of shares of	stock is:	ERS AND/O					
umber of shares of	stock is:	ERS AND/O			······································		
umber of shares of	stock is:	ers and/o	Preside		itle:		
umber of shares of ICLE V INF Name and Titl	istock is: TIAL OFFICE: E: LODEN 84 61	ers and/o	Preside	Name and T	itle:		
umber of shares of ICLE V INF Name and Titl	istock is: TIAL OFFICE: E: LODEN 84 61	ERS AND/O I. IAM, Savana	Preside	Name and T	itle:	·	
TCLE V INT Name and Titl Address	istock is: TIAL OFFICE E: LOBER 84 61 DALAS	ERS AND/O I. IAA , Savand Vo ,Floa	Preside Pah Pa 100 3:	Name and T Address: 2 81 9 Name and T	itle:	:	
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Name and Title Address Address	Stock is: TIAL OFFICE E: LOBER 84 61 DALAN :	ERS AND/O I. IAM, Savann 100, Flor	Paeside Pah Pa 130 3:	Name and T Address: Name and T Name and T Address:	itle:	:	

Name and	d Title:	Name and Title:	_
Address		Address:	
• •	to See to provide the		
"			
ARTICLE VI The name and FI Name:	REGISTERED AGENT orida street address (P.O. Box NOT acceptable)	of the registered agent is:	e tre
Address:	ROBERT J. JACK 8951 SWANNAH PARK	_ 33) SE SE
Audicos.	DALANDO, FLORIDA 3281	FEB 22	CRETA
ARTICLE VII	INCORPORATOR	PH	SY OF
The name and ad	dress of the Incorporator is:	2: 51	Z.S.
Name:	Robert I. Inck	ָּרְ	17
Address:	ROBERT J. JACK 8951 SOVAJNOG PAR	eK S-	~*
	OLLWA, Flavia 3	2819	
	ned as registered agent to accept service of proce am familiar with and accept the appointment as r	ess for the above stated corporation at the place designate registered agent and agree to act in this capacity	ed in
	Cul	2/18/13	
 	Required Signature/Registered Agent	Date	-
	ument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted ony as provided for in s.817.155, F.S.	in a
	William	2/18/13	
	Required Signature/Incorporator	Date	