P13000057487

(Rec	juestor's Name)			
(Address)				
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(City	/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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13 JUL -1 PM 4: 22
SECRETARY OF STATE
TANK AHASSEF FLORID.

COVER LETTER

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

SUBJECT: Jan	nacian Shack Inc		
B0202011	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFF(X)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d 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	DPY REQUIRED
FROM: M	ichael P Shackle	e (Printed or typed)	
1	163 Engman Stre		
		Address	· · · · · · · · · · · · · · · · · · ·
C	learwater, Florida		
		State & Zip	
72	27-482-8578		
	Daytime T	Celephone number.	
<u>m</u> :	shackleford01@yah		
	E-mail address: (to be use	d for future annual report	notification)

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



June 24, 2013

MICHAEL P SHACKLEFORD 1163 ENGMAN STREET CLEARWATER, FL 33755

SUBJECT: JAMAICAN SHACK INC.

Ref. Number: W13000036311

We have received your document for JAMAICAN SHACK INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 213A00015745

Valerie Herring Regulatory Specialist II New Filing Section

www.sunbiz.org

ARTICLES OF INCORPORATION



In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) 13 JUL -1 PM 4:22 PRINCIPAL OFFICE ARTICLE II Mailing address, if different is: Principal street address P.O Box 911 1163 Engman Street Clearwater, Florida 33755 Palm Harbor, Florida 34682-0911 The purpose for which the corporation is organized is: Restaurant carryout and dinning in. ARTICLE IV SHARES
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Vance Cobb/ Vice President Name and Title: Michael P. Shackleford/President 1163 Engman Street P O Box 911 Address: Address Clearwater, Florida 33755 Palm Harbor, Flordia 34682-0911 Name and Title:_____ Name and Title:__ _____ Address: Address Name and Title: Name and Title: Address _ Address:

FIL COMD

13 JUL - 1 PM 4: 22

Name and	f Title:	Name and Title:	TALLAHASSEE FLORIDA
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Michael P. Shackleford		
Address:	1163 Engman Street		
	Clearwater Florida 33755	-	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		
Name:	Bridgette Gould	-	
Address:	PO Box 10313	-	
	St. Petersburg, FI 33733	-	
Having been ngn this certificate/1	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent	for the above stated corpora isfered agent and agree to ac	ntion at the place designated in ct in this capacity 06-28-/3 Date
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		5, F.S.
W My	Required Signature/Incorporator		06/~28 - (3 Date