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COVER LETTER

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

_{SUBJECT:} J.B.	LINES EXPRES	SS, INC.	
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i 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 Cop & Certificate Status
		ADDITIONAL CO	PY REQUIRED
FROM: JA	ASON BLACK		
	Nam	e (Printed or typed)	
77	780 49TH STRE	ET NORTH A	APT 302
		Address	
PI	NELLAS PARK,	FL 33781	
	City,	State & Zip	
	Daytime T	elephone number	

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

jblinesexpress@gmail.com

E-mail address: (to be used for future annual report notification)

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

The name of the corpora	ation shall be: J.B. LINES EXPR	ESS, INC.	
ARTICLE II PRINCIPAL OFFICE Principal street address JASON BLACK		Mailing address, if different is: JASON BLACK	
7780 49TH S	TREET N APT 302	7780 49TH STREET N APT 302	
PINELLAS PARK, FL 33781		PINELLAS PARK, FL 33781	
	POSE the corporation is organized is: G ALL TYPES OF LEGAL	BUSINESS FOR F	PROFIT.
ARTICLE IV SHA	NRES stock is:		SECRETARY OF STATES OF STATES OF CORRESPATION CORRESPATION CORRESPATION
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTOR JASON BLACK - PRESIDENT 7780 49TH STREET APT 302	Name and Title:Address:	*
Name and Title: Address	PINELLAS PARK FL 33781		

Name an	d Title: Na	me and Title:
Address	Ad	dress:
ARTICLE VI	REGISTERED AGENT	
	prida street address (P.O. Box NOT acceptable) of the	registered agent is:
Name:	JASON BLACK	
Address:	7780 49TH STREET NORTH APT 302	
	PINELLAS PARK, FL 33781	
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	JASON BLACK	
Address:	7780 49TH STREET NORTH ATP 302	
	PINELLAS PARK, FL 33781	
	ned as registered agent to accept service of process for a m familian with and accept the appointment as register.	ed agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
document to the L	iment and affirm that the facts stated herein are true. Department of State constitutes a third degree felony as parties.	I am aware that the false information submitted in a provided for in s.817.155, F.S.
<u>V</u>	Required Signature/Incorporator	Date