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(Business Entity Name)

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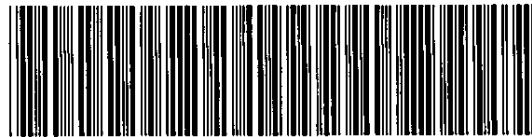
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COVER LETTER

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

SUBJECT: JB's Odds & Ends Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Justin H. Brooks
Name (Printed or typed)

6834 Hill bail Trl.
Address

Tallahassee FL 32309
City, State & Zip

(850) 570-7943
Daytime Telephone number

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

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)

ARTICLE I NAME

The name of the corporation shall be: JB's Odds & Ends Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6834 Hill Gail Trl.

Tallahassee FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Handy Man.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Brooks P. Name and Title: _____

Address 6834 Hill Gail Trl. Address: _____

Tallahassee FL 32309

Name and Title: Jennifer Brooks V.P. Name and Title: _____

Address 6834 Hill Gail Trl. Address: _____

Tallahassee FL 32309

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 JUN - 8 PM 12:30
TALLAHASSEE FL 32309

APPROVED
JUN 15 2005

(cont.)

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Justin Brooks

Address: 6834 Hill Owl Trl.
Tallahassee FL 32309

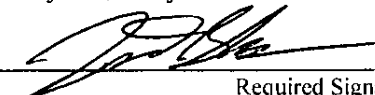
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JUSTIN BROOKS


Address: 6834 Hill Owl Trl.
Tallahassee FL 32309

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

6/8/15
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

6/8/15
Date