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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE ASSEE FLORIDS

COVER LETTER

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

SUBJECT:	JAH ROCK BEVERAGES,	INC.				
	(PROPOSED CORPORATE	NAME - MUST INCLU	DE SUFFIX)			
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
2 \$70.00 Filing Fee	② \$78.75Filing Fee& Certificate of Status		Filing Fee, Certified Copy & Certificate of Status			
		AD	DITIONAL COPY REQUIRED			
FROM:						
Name (Printe	ed or typed <u>):</u>	NOEL M. JACK				
Address	3511 Inverrary Dr., Suite #206	5				
City, State &	Zip: <u>Lauderhill, Florida 33</u>	319				
Daytime Tele	phone number(954)297	-0749				
E-mail addre	ss: (to be used for future annua	report notification) <u>h</u>	ibiscus1225@gmail.com			
NOTE: Please	provide the original and one co	py of the articles.				

ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u>			
The name of the corporation shall be:			
JAH ROCK BEVE	ERAGES, INC		
ARTICLE II PRINCIPAL OFFICE			
Principal street address	Mailing address, if different is:		
3511 Inverrary Dr #206, Lauderhill, FL 33319			
ARTICLE III PURPOSE			
The purpose for which the corporation is organized is:	:		
This corporation is organized to produce and mark customers, nationally and internationally.	ket several first class beverages for their		
			_
ARTICLE IV SHARES			
The number of shares of stock is: 100,000			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR		3	144
Name and Title: Noel M. Jack, Director	HARRY SEE OF THE STATE OF THE S	23	remiler Particular
Address:3511 Inverrary Dr. #206, Lauderhill, Florid	්ගය da 33319	24] 31

2. N	lame and Title: Wayne Isaac, Director	
Address:	7655 NW 87 th Ave, Tamarac FL 33321	
	lame and Title: <u>Ras- Lumumba Anikulapo</u> 8756 Smith James Road, Snellville, GA 3003	
Name and	d Title:	Name and Title:
Address:		Address:
The name	VI REGISTERED AGENT e and Florida street address (P.O. Box NOT acc Noel M. Jack	
Address: _	3511 Inverrary Dr. #206, Lauderhill Florida 3	33319
ARTICLE V	/II INCORPORATOR	
The <u>name</u>	e and address of the Incorporator is:	
Name:	Noel M. Jack	
Address: _	3511 Inverrary Dr. #206, Lauderhill Florida 3	33319

ARTICLE VIII EFFECTIVE DATE:
Effective date, if other than the date of filing: May 23, 2016 . (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
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. 5 21 20 6
Required Signature/Registered Agent 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
5/21/2016
Required Signature/Incorporator Date / Date /

16 HAY 23 PM 5: 04
SECRETARY OF STATE
TALLAHASSEE FLORID: