

From:

12/29/2016 16:30

#362 P.001/003

P16000101532

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800)221-2972  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
JACKIE BROWN DISTRIBUTING, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Corporate Filing Menu

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T. BURCH  
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From:

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#362 P.002/003

**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: JACKIE BROWN DISTRIBUTING, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
1059 BWD DE LA PARISIENNE  
MARY ESTHER FL 32569

Mailing address, if different is:  
1059 BWD DE LA PARISIENNE  
MARY ESTHER FL 32569

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>JACQUELINE B. BROWN/PRESIDENT</u>	Name and Title:	_____
Address	<u>1059 BWD DE LA PARISIENNE</u>	Address:	_____
	<u>MARY ESTHER FL 32569</u>		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address	_____
	_____		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

From:

12/29/2016 16:30

#362 P.003/003

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: JACQUELINE B. BROWN  
Address: 1059 BWD DE LA PARISIENNE  
MARY ESTHER FL 32569

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JACQUELINE B. BROWN  
Address: 1059 BWD DE LA PARISIENNE  
MARY ESTHER FL 32569

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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:*

Jacqueline Brown  
Required Signature/Registered Agent

12/29/2016  
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.*

Jacqueline Brown  
Required Signature/Incorporator

12/29/2016  
Date