

P17000074294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

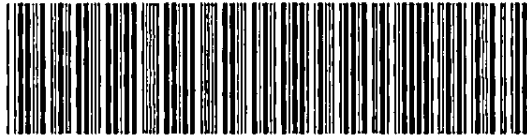
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/06/17--01006--016 ++87.50

17 SEP -5 PM 2:07
TALLAHASSEE STATE
FLORENDA

09/07/17

COVER LETTER

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

The Jackman Group, Inc.

SUBJECT: _____
(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 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 COPY REQUIRED

FROM: James P. Hilliard

 Name (Printed or typed)

30 North LaSalle Street # 1728

 Address

Chicago, Illinois 60602

 City, State & Zip

312 332 7090@

 Daytime Telephone number

jphill7090@aol.com

 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 Jackman Group, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
583 Audubon Boulevard # C 302 _____
Naples, Florida 34110 _____

ARTICLE III PURPOSE To offer and provide consulting services to business and industry
The purpose for which the corporation is organized is: _____
connected to communication and other ventures. _____

17 SEP -6 PM 2:07
FALL APPELLATE COURT
FLORIDA

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Jackman, President _____ Name and Title: _____
Address 583 Audubon Boulevard # C 302 _____ Address: _____
Naples, Florida 34110 _____

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

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

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: Jeffrey Jackman
 Address: 583 Audubon Boulevard # C 302
 Naples, Florida 34110

17 SEP -6 PM 2:07
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

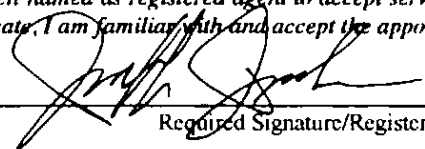
Name: James Hilliard
 Address: 30 North LaSalle Street # 1728
 Chicago, Illinois 60602

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 days prior or 90 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

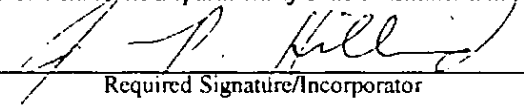


 Required Signature/Registered Agent

8/22/17

 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

8/29/17

 Date