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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

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
JACKO INTERNATIONAL, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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NOV 27 2017

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: JACKO INTERNATIONAL, CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13765 SW 90TH AVE. - # K 101

13765 SW 90TH AVE. - # K 101

MIAMI, FL. 33176

MIAMI, FL. 33176

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL WHOLESALE IMPORTS

ARTICLE IV SHARES

The number of shares of stock is: 1,000 AT \$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERICK LU HRYHORCZAK

Name and Title:

Address: PRESIDENT

Address:

13765 SW 90TH AVE. - #K 101

MIAMI, FL. 33176

Name and Title: STEPHAN LI HRYHORCZAK

Name and Title:

Address: VICE PRESIDENT

Address:

13765 SW 90TH AVE. - # K 101

MIAMI, FL. 33176

Name and Title: GINNIE JENNI HRYHORCZAK

Name and Title:

Address: DIRECTOR

Address:

13765 SW 90TH AVE. - #K 101

MIAMI, FL. 33176

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: CABANAS & ASSOCIATES, P.A.

Address: 10520 NW 26TH STREET - STE. C 201

DORAL, FL. 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CABANAS & ASSOCIATES, P.A.

Address: 10520 NW 26TH STREET - STE. C 201

DORAL, FL. 33172

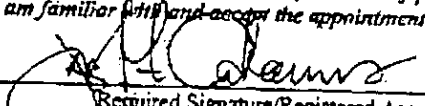
ARTICLE VIII EFFECTIVE DATE:

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

11-22-17

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

11-22-17

Date