

P000000073441  
TRANSMITTAL LETTER

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

SUBJECT: M. W. Jenkins Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003340348--5

-07/31/00--01098--010

\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is 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: M. W. Jenkins  
Name (Printed or typed)

4301 N HWY 19A LOT 105  
Address

Mount Dora, FL 32757  
City, State & Zip

352-669-4547  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

FILED  
00 JUL 31 PM 1:07  
TALLAHASSEE, FLORIDA

g/s/2

# 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: M. W. Jenkins, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4301 N Hwy 19A<sup>LOT 105</sup> Mount Dora, FL 32757

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Specific purpose is for a "Professional Corporation".

## ARTICLE IV SHARES

The number of shares of stock is: 1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

M. W. Jenkins 4301 N Hwy 19A, Mount Dora, FL 32757 President/Director  
LOT 105

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

M. W. Jenkins 4301 N Hwy 19A, Mount Dora, FL 32757  
LOT 105

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

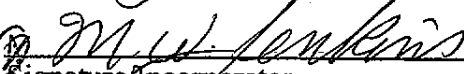
M. W. Jenkins 4301 N Hwy 19A, Mount Dora, FL 32757  
LOT 105

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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

  
\_\_\_\_\_  
Signature/Registered Agent

7-28-00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7-28-00  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA