

P04000 145848

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

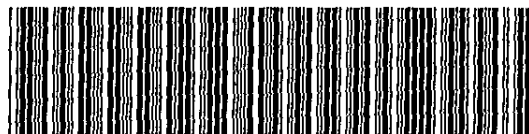
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 OCT 22 P 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date 10/22/14

Handwritten signature and date 10/22/14

TRANSMITTAL LETTER

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

SUBJECT: JENNYJOHN, INC.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: MR. JOHN NWOKEAFOR

Name (Printed or typed)

5183 NW 27 AVE. #B

Address

MIAMI, FLORIDA 33142

City, State & Zip

305-610-0984

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED
04 OCT 22 AM 9:58

October 4, 2004

JOHN NWOKEAFOR
5183 NW 27TH AVE
#B
MIAMI, FL 33142

SUBJECT: JENNYJOHN, INC.
Ref. Number: W04000036418

We have received your document for JENNYJOHN, INC.. However, the document has not been filed and is being returned for the following:

Name of Registered Agent must be listed in Article VI.

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist
New Filings Section

Letter Number: 104A00057483

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:

JENNYJOHN, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5183 NW 27AVE #B
MIAMI FLORIDA 33142

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CONSULTING FOR HEALTH CARE SYSTEMS

ARTICLE IV SHARES

The number of shares of stock is:

ONE MILLION

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MR. JOHN NWOKEAFOR PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:


DAN ORJI
1100 NE 125TH STREET #214
MIAMI FLORIDA 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JOHN NWOKEAFOR
5183NW 27AVE #B
MIAMIFLORIDA 33142

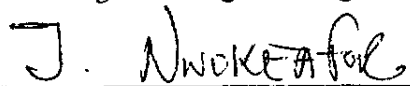
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

SEPT. 24TH, 2004

Date



Signature/Incorporator

SEPT. 24TH, 2004

Date

FILED
2004 OCT 22 P 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA