## P05000087462

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Priorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## TRANSMITTAL LETTER

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

CT:	JEANABEL (PROPOSED CORPORA	LA TWC , THE NAME - MUST INCL	UDESUFAIX)
d are an orig \$70.00 Filing Fee	inal and one (1) copy of the arti  \$78.75  Filing Fee  & Certificate of Status	Cles of incorporation and \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:		M. DEMA (Printed or typed)  I MAR CIRC Address	15
	BOCA City, 561-86	RATON FR State & Zip 6-5583 Celephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME  The name of the corporation shall be:  JEANABELLA, TNC,	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  7627 Soliman Circle  BOCA RATON FL-33F33  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  REAL ESTATE SALES	
ARTICLE IV SHARES The number of shares of stock is:    OOO	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  JEANNE DEMARCO (PRESIDE TO A SOLIMAN CIRCLE BOCA KATON, FL 33433	41.6 IW CEMP. 50
The name and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) and Florida street address (P.O. Box NOT acceptable) of the registered and Florida street address (P.O. Box NOT acceptable) and Florida street address (P.O. Box	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  GEANNE DEMARCO  1627 SOLWAR CIRCLE  BOCK RATON FL 53433	
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
Signature/Registered Agent  Jeane M. Dehaco	Date 6-16-06
\$Ignature/Incorporator	Date

ARTICLES OF INCORPORATION