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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: JENNICHRS INVESTMENT, CORP  
(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: JENNICHRS INVESTMENT, CORP  
Name (Printed or typed)

1425 NW 192 TERR  
Address

MIAMI, FL 33169  
City, State & Zip

(305) 759-6000  
Daytime Telephone number

**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 name of the corporation shall be:

JENNICHRS INVESTMENT, CORP.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1425 NW 192 TERRACE  
MIAMI, FL 33169

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT ANY LAWFULL BUSINESS UNDER THE STATE OF FLORIDA AND THE UNITED STATES.

## **ARTICLE IV SHARES**

The number of shares of stock is:

THIS CORPORATION IS AUTHORIZED TO HAVE 1,000,000.00, AND EACH SHARE HAS A COMMON VALUE OF \$ 10,000.00.

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

LORETTE PIERRE  
PRESIDENT  
1425 NW 192 TERR,  
MIAMI, FL 33169

## **ARTICLE VI REGISTERED AGENT**

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

LORETTE PIERRE  
1425 NW 192 TERR,  
MIAMI, FL 33169

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

LORETTE PIERRE  
1425 NW 192 TERR,  
MIAMI, FL 33169

\*\*\*\*\*

*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

\_\_\_\_\_  
11/10/2006

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
11/10/2006

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA