

P07000030341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

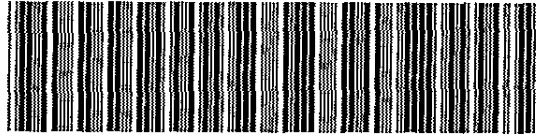
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W07-8924

Office Use Only



600089134306

02/26/07--01042--026 \*\*87.50

FILED  
2007 MAR -8 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Burch MAR 9 2007

## COVER LETTER

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

SUBJECT: J. CROSS & LYN ENTERPRISES, 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  
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: Jennifer E. Cross

Name (Printed or typed)

P. O. Box 668942

Address

Pompano Beach, Florida 33066

City, State & Zip

(954) 240-2718

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 27, 2007

JENNIFER E. CROSS  
PO BOX 668942  
POMPANO BEACH, FL 33066

SUBJECT: J. CROSS & LYN ENTERPRISES, INC.  
Ref. Number: W07000009924

We have received your document for J. CROSS & LYN ENTERPRISES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 707A00014151

## 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:

J. CROSS & LYN ENTERPRISES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2775 N.W. 34th Avenue Unit 104  
Lauderdale Lakes, Florida 33311

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any lawful act or activity for which a Corporation may be organized under Business Corporation Laws in the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

100 Shares.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jennifer E. Cross - P. O. Box 668942, Pompano Beach, FL 33066 - Director  
Mark M. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - President  
Arika J. Cross - P. O. Box 668942, Pompano Beach, FL 33066 - Chief Financial Officer  
Marjenique P. Cross - P. O. Box 668942, Pompano Beach, FL 33066 - Executive Secretary  
Marcus M. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - Shareholder  
Matthew A. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - Shareholder  
Madison T. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - Shareholder  
Alexandria F. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - Shareholder  
Angela K. Lyn - P. O. Box 668942, Pompano Beach, FL 33066 - Shareholder

### ARTICLE VI REGISTERED AGENT

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

Jennifer E. Cross  
c/o 2015 SW 20th Street, Suite 100  
Ft. Lauderdale, Florida 33315

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jennifer E. Cross  
P. O. Box 668942  
Pompano Beach, FL 33066

\*\*\*\*\*

*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

February 22, 2007

Date

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

February 22, 2007

Date

FILED  
2007 MAR -8 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA