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DIVISION OF CORPORATIONS
2011 JAN -6 PM 4:31

1/7/11

COVER LETTER

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

SUBJECT: JN Management Solutions, 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: Judith Nichols

Name (Printed or typed)

726 South Pine St.

Address

Lake Worth, FL 33460

City, State & Zip

561-215-4311

Daytime Telephone number

jnichols415@bellsouth.net

E-mail address: (to be used for future annual report notification)

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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)

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ARTICLE I: NAME

The name of the corporation shall be: JN Management Solutions, Inc.

ARTICLE II: PRINCIPAL OFFICE

Principal street address
726 South Pine St.
Lake Worth, FL 33460

Mailing address, if different is:
PO Box 1372
Lake Worth, FL 33460

ARTICLE III: PURPOSE

The purpose for which the corporation is organized is: association management consulting.

ARTICLE IV: SHARES

The number of shares of stock is: 100

ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Judith Nichols, President
Address: 726 South Pine St., Lake Worth, FL 33460

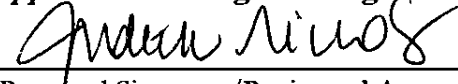
ARTICLE VI: REGISTERED AGENT

The **name and Florida Street address** (P.O. Box **NOT** acceptable) of the registered agent is:
Name: Judith Nichols
Address: 726 South Pine St., Lake Worth, FL 33460

ARTICLE VII: INCORPORATOR

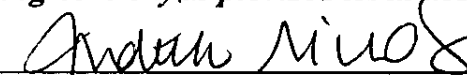
The **name and address** of the Incorporator is:
Name: Judith Nichols
Address: 726 South Pine St., Lake Worth, FL 33460

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


Required Signature/Registered Agent Date

1-4-2011

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator Date

1-4-2011