

P200002082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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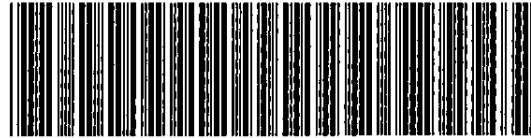
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN -6 PM 1:07

PS 1/9/12

COVER LETTER

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

SUBJECT: Jenar 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: Antonio Carreno

Name (Printed or typed)

4166 Cascade Circle

Address

Cooper City, FL 33024

City, State & Zip

954-629-0556

Daytime Telephone number

tonycarreno@tkrno.com

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Jenar Inc.
The name of the corporation shall be:

12 JAN -6 PM 1:08

ARTICLE II PRINCIPAL OFFICE
Principal street address
Jennifer Carreno
4166 Cascade Circle
Cooper City, FL 33024

Mailing address, if different is:
Armando Carreno
4166 Cascade Circle
Cooper City, FL 33024

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any and all lawfull busines
Retail of prefumes, fragrances, skin care products and nutrional supllements.

ARTICLE IV SHARES
The number of shares of stock is 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Jennifer Carreno - President - Secretary</u>	Name and Title: <u>Armando Carreno - Vice-President - Treasurer</u>
Address: <u>4166 Cascade Circle, Cooper City, FL 33024</u>	Address: <u>4166 Cascade Circle, Cooper City, FL 33024</u>

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

ARTICLE VI REGISTERED AGENT

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


Name: Antonio Carreno
Address: 2800 SW 190 Av, Miramar, FL 33029

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Name: Antonio Carreno
Address: 2800 SW 190 Av, Miramar, FL 33029

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

	<u>01-02-2012</u>
Required Signature/Registered Agent	Date

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.

	<u>01-02-2012</u>
Required Signature/Incorporator	Date