

P120000034826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

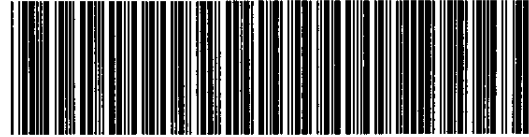
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900227051169

04/10/12--01011--016 \*\*87.50

11:03 AM  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 10 PM 4:01

4/11  
8

## COVER LETTER

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

SUBJECT: Jen-U-Win Services 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Jennifer Abatte

Name (Printed or typed)

8700 Bridlwood way

Address

Seminole, FL 33777

City, State & Zip

(727)803-6021

Daytime Telephone number

JenA5k@msn.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)

**ARTICLE I NAME**

The name of the corporation shall be: **Jen-U-Win Services Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**8700 Bridlewood Way**  
**Seminole, Florida 33777**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**The Purrrpose of this is to engage in any lawful act or activity for which a corporation may be organized under the general laws of Florida.**

**ARTICLE IV SHARES**

The number of shares of stock is: **The total amount of authorized capital stock of this corportation is 20 shares having non par value.**

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

Name and Title: **Jennifer Abatte/President**  
Address: **8700 bridlewood Way**  
**Seminole, Fl 33777**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: **Jennifer Abatte/Secretary**  
Address: **8700 Bridlewood Way**  
**Seminole Fl 33777**

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: **Jennifer Abatte**  
Address: **8700 Bridlewood way**  
**Seminole Fl 33777**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Jennifer Abatte**  
Address: **8700 Bridlewood Way**  
**Seminole Fl 33777**

*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*

Jennifer Abatte  
Required Signature/Registered Agent

4-6-12  
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.*

Jennifer Abatte  
Required Signature/Incorporator

4-6-12  
Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 APR 10 PM 4:01