

P13 000005031

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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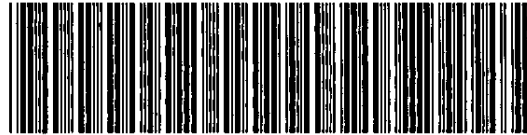
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2 Burch JAN 15 2013

COVER LETTER

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

SUBJECT: **JNP 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: **JNP SERVICES INC**

Name (Printed or typed)

690 NE 46TH CT SUITE 1

Address

OAKLAND PARK, FL 33334

City, State & Zip

954-520-8136

Daytime Telephone number

JNPSERVICESINC@YAHOO.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 JNP SERVICES INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address

690 NE 46TH CT SUITE 1
OAKLAND PARK, FL 33334

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL SERVICES PROVIDER

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WALTER FLORES PRES. Name and Title: _____

Address 690 NE 46TH CT Address: _____
SUITE 1
OAKLAND PARK, FL 33334

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FL 32307

(conti.)

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: WALTER FLORES
Address: 690 NE 46TH CT STE 1
OAKLAND PARK, FL 33334

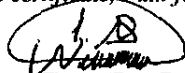
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WALTER FLORES
Address: 690 NE 46TH CT STE 1
OAKALND PARK, FL 33334

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

01/09/2013

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.



Required Signature/Incorporator

01/09/2013

Date