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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

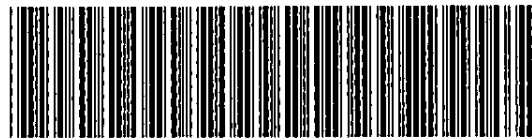
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: JENKINS-KING, 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: MICHAEL LEROY JENKINS  
Name (Printed or typed)

1280 KISSIMMEE ST UNIT 402-D  
Address

TALLAHASSEE, FL 32310  
City, State & Zip

850-508-0274  
Daytime Telephone number

MICHAELJENKINS4453@ATT.NET  
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:

JENKINS - King, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1280 KISSIMMEE ST  
UNIT 402-D  
TALLAHASSEE, FL 32310

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GENERAL MAINTENANCE

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

Name and Title: MICHAEL L. JENKINS / OWNER

Address

1280 KISSIMMEE ST  
UNIT 402-D  
TALLAHASSEE, FL 32310

Address:

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

14 MAR -7 PM 12:29  
STATE OF FLORIDA  
SECRETARY OF STATE

APPROVED  
FILED

(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: Michael L. Jenkins  
Address: 1280 KISSIMMEE ST UNIT 402-D  
TALLAHASSEE, FL 32310

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael L. Jenkins  
Address: 1280 KISSIMMEE ST UNIT 402-D  
TALLAHASSEE, FL 32310

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

Michael L. Jenkins  
Required Signature/Registered Agent

3/7/14  
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.

Michael L. Jenkins  
Required Signature/Incorporator

3/7/14  
Date

APPROVED  
AND  
FILED  
14 MAR -7 PM 12:29  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA