PH0003037A

(Re	equestor's Name)	,		
(Ac	ddress)			
(Ac	ddress)			
(Cil	ty/State/Zip/Phone	÷#)		
PICK-UP	☐ WAIT	MAIL		
(Ві	usiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
•				

Office Use Only

11/14/-18584



900257893079

03/20/14--01029--001 **78.75



MO 4/4

MORTON R. GOUDISS ATTORNEY AT LAW

1090 KANE CONCOURSE SUITE 202 BAY HARBOR ISLANDS, FL 33154

OFFICE: 305-865-6736

.March 17, 2014

MAILING ADDRESS: P.O. BOX 546514 SURFSIDE, FL 33154-6514 FAX: 305-865-6756

Department of State New Filing Section Division of Corporations P. O. Box 6723 Tallahassee, FL 32314

Re: Jen Mar, Inc.

Gentlemen:

Enclosed please find original and one (1) copy of Articles of Incorporation for the above-named corporation, together with my check in the amount of \$78.75 representing filing fee and cost for a a certified copy of the articles.

Very truly yours,

MORTON R. GOUDISS

MRG/im

Enclosures



March 24, 2014

MORTON R. GOUDISS P.O. BOX 546514 SURFSIDE, FL 33154-6514

SUBJECT: JEN MAR, INC. Ref. Number: W14000018584

We have received your document for JEN MAR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 814A00006269

MORTON R. GOUDISS ATTORNEY AT LAW

1090 KANE CONCOURSE SUITE 202 BAY HARBOR ISLANDS, FL 33154 OFFICE: 305-865-6736 MAILING ADDRESS: P.O. BOX 546514 SURFSIDE, FL 33154-6514 FAX: 305-865-6756

March 31, 2014

Secretary of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: Jen Mar, Inc. (new name – Pink Prado, Inc.)

Ref No. W14000018584

Gentlemen:

In response to your letter dated March 24, 2014 in connection with the abovereferenced matter, a copy of which is enclosed, I am enclosing herewith Articles of Incorporation for Pink Prado, Inc.

Check in the amount of \$78.75 representing the filing fee and costs for obtaining a certified copy of the articles was previously provided.

Your kind attention to this matter will be greatly appreciated.

Very truly yours,

MOTEON H. HOLLERS MY

MRG/jm

Enclosures

COVER LETTER

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

SUBJECT:	PINK PRA	oo, inc.		
	(PROP	OSED CORP	ORATE NAME – <u>MUST I</u>	NCLUDE SUFFIX)
Enclosed are an ori	iginal and one (1) copy of the	e articles of incorporatio	n and a check for:
\$70.00	\$78.75		□ \$78.75	\$87.50
Filing Fee		ite of Status	Filing Fee & Certified Cop	Filing Fee, py Certified Copy & Certificate of
Check previo	usly sent	to you.	ADDITIONAL	Status L COPY REQUIRED
FROM:	MORTON R		S, ESQUIRE Name (Printed or typed)	
	1000 **			
	1090 Kane	Concour	se, Suite 202 Address	
	Bay Harbo	r Teland	s, FL 33154	
			·	
		(City, State & Zip	
	(305) 86	5-6736		
		Daytii	me Telephone number	
	_		yahoo.com	
	E-mail	address: (to be	used for future annual re	port 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)

name of the corporation	on shall be: P1							
TICLE II PRIN				Maili	ng address, if c	lifferent	is:	. •
70 Indian C		#4A				- 6		3-1
ami beach,	LT 22141							
TICLE III PURP	OSE e corporation is organi	ized is:To	conduct	any	business	as	auth	ori:
law.					•			
						Þα	: 7	
						AH	APR	T
						SS	င်္မ	
						<u></u>		
TICLE IV SHAE	PFS					EE FLOR	PM 12:	
TICLE IV SHAF number of shares of st	RES ock is: 00					EE. FLORIBA		
number of shares of st	ock is:	D/OR DIRECT	ORS			EE. FLORISA	PM 12:	
number of shares of st	ock is:			°itle:_ P	resident	EE. FLORIDA	PH 12: 59	
number of shares of st	ock is: 00	ontenegro	Name and T	ritle:P	resident	EE. FLORISA	PH 12: 59	
number of shares of st TICLE V INITI Name and Title: Address	AL OFFICERS AND Jeanette Mo	ontenegro n Creek Dr	Name and T	Fitle:P	resident	EE. FLORISA	PH 12: 59	
number of shares of st TICLE V INITI Name and Title: Address	AL OFFICERS AN Jeanette Mo 6770 Indiar Miami Beach	ontenegro n Creek Dr	Name and T :iV♠d#♣♠ .41				PM 12: 59	r
number of shares of st TICLE V INITI Name and Title: Address Name and Title:	AL OFFICERS AND Jeanette Monday 6770 Indian Miami Beach	ontenegro n Creek Dr	Name and T :iv♠d#♣♣ .41	 ``itle:			PM 12: 59	or_
number of shares of st TICLE V INITI Name and Title: Address	AL OFFICERS AN Jeanette Mo 6770 Indiar Miami Beach	ontenegro n Creek Dr	Name and T :iv♠d#♣♣ .41	 ``itle:			PM 12: 59	or_
number of shares of st TICLE V INITI Name and Title: Address Name and Title:	AL OFFICERS AND Jeanette Monday 6770 Indian Miami Beach	ontenegro n Creek Dr	Name and T :iv♠d#♣♣ .41	 ``itle:			PM 12: 59	or_
number of shares of st TTCLE V INITI Name and Title: Address Name and Title: Address	AL OFFICERS AND Jeanette Monday 6770 Indian Miami Beach	ontenegro n Creek Dr n, FL 331	Name and T ive Add & A 41 Name and T Address:	``itle:			PM 12: 59	or_
number of shares of st TTCLE V INITI Name and Title: Address Name and Title: Address	AL OFFICERS AND Jeanette MC 6770 Indian Miami Beach	ontenegro n Creek Dr n, FL 331	Name and T ivAd# & A 41 Name and T Address: Name and T	"itle:			PM 12: 59	or_

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Flor	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Jeanette Montenegro		
Address:	6770 Indian Creek Drive,	#4A	
	Miami Beach, FL 33141		產 元
ARTICLE VII	INCORPORATOR		APR -
The name and add	<u>ress</u> of the Incorporator is:		-3 PM
Name:	Jeanette Montenegro		PHIZ: PHIZ: FLOR
Address:	6770 Indian Creek Drive	, #4A) 2: 59 IATE ORIĐ
	Miami Beach, FL 33141		- -
	ed as registered agent to accept service of process in familiar with and accept the appointment as regi		
. (Baro	the Merles arong		3/31/2014
	Required Signature/Registered Agent		Date
	ment and affirm that the facts stated herein are t egartment of State constitutes a third degree felony		
(Day 1000)	Martin and)		3/31/2014
	Required Signature/Incorporator		Date