

PA000073812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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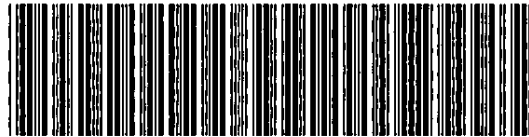
(Business Entity Name)

(Document Number)

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

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08/18/14--01009--004 \*\*78.75

14 AUG 29 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-51156

**COVER LETTER**

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

**SUBJECT: Jenny's ALF #3**

**(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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM: Jenny Segarra**

Name (Printed or typed)

**16116 Tampa Street**

Address

**Lutz, Florida 33548**

City, State & Zip

**813-210-0982**

Daytime Telephone number

**jenny@jsalf.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: Jenny's ALF #3, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

17633 Meadowbridge Drive

Lutz, Florida 33549

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Assisted Living Facility

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jenny Segarra-President

Address: 16116 Tampa Street  
Lutz, Florida 33548

Name and Title: Jenny Segarra-Secretary

Address: 16116 Tampa Street  
Lutz, Florida 33548

Name and Title: Osvaldo Morales-Vice-President

Address: 16116 Tampa Street  
Lutz, Florida 33548

Name and Title: Osvaldo Morales-Treasure

Address: 16116 Tampa Street  
Lutz, Florida 33548

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

14 AUG 29 AM 8:31  
JENNY'S ALF #3, INC.  
LUTZ, FLORIDA

(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: Jenny Segarra

Address: 16116 Tampa Street  
Lutz, Florida 33548

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jenny Segarra

Address: 16116 Tampa Street  
Lutz, Florida 33548

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

08/27/2014

\_\_\_\_\_  
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

08/27/2014

\_\_\_\_\_  
Date