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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 JAN 26 AM 8:57

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## COVER LETTER

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

JenTrust Insurance & Associates Inc.

**SUBJECT:** \_\_\_\_\_  
(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: Jennifer Otero  
\_\_\_\_\_  
Name (Printed or typed)  
  
640 NW 122 CT  
\_\_\_\_\_  
Address  
  
Miami, FL 33182  
\_\_\_\_\_  
City, State & Zip  
  
786-385-4233  
\_\_\_\_\_  
Daytime Telephone number  
  
jennyotero21@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**            JenTrust Insurance & Associates Inc.

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

640 NW 122 CT

Miami, FL 33182

**ARTICLE III    PURPOSE**

Independant Insurance Agency

The purpose for which the corporation is organized is: \_\_\_\_\_

**ARTICLE IV    SHARES**    100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title:    Jennifer Otero, President

Address            640 NW 122 CT

                         Miami, FL 33182

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

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

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

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

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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: Jennifer Otero  
Address: 640 NW 122 CT  
Miami, FL 33182

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

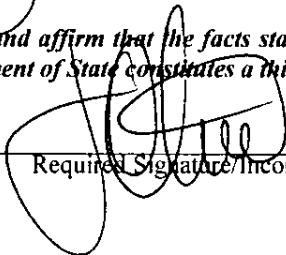
Name: Jennifer Otero  
Address: 640 NW 122 CT  
Miami, FL 33182

*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

1/21/15  
\_\_\_\_\_  
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

1/21/15  
\_\_\_\_\_  
Date