## P15000019562

(Requestor's Name)				
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(City/State/Zip/Phone #)				
(Only Guezziph Hone H)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

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

BODODCI							
	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )						
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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status				
		ADDITIONAL CO	PY KEQUIKED				

SUBJECT: JENNY&ZACK'S COMPANY

FROM	JENNIFER GRASSO
i KOW	Name (Printed or typed)
	3840 WEST HILLSBORO BLVD. #142
	Address
	DEERFIELD BEACH,FL 33442
	City, State & Zip
	561-929-7074
	Daytime Telephone number
	LOCKET2LIFE@GMAIL.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)

	NCIPAL OFFICE Principal street address	1	Mailing address, if different is:	Mailing address, if different is:	
	LLSBORO UNIT 142				
ERFIEL	D BEACH, FL				
442		<del></del>			
ICLE III PUR	POSE FOR	PROFIT			
ourpose for which to	POSE the corporation is organized is:  ON STAND AND EVE	ENITS	_		
JINOE 331	ON STAND AND EVE	1412			
			IAS		
<del></del>			<u>~~</u>		
			r's a		
			017 <u>7.</u>		
TICLE IV SHA	stock is:	<b>D</b> C			
number of shares of	TIAL OFFICERS AND/OR DIRECTO	<b>RS</b> Name and Title	ISAAC MEJIAS VICE PRESID	EN	
number of shares of TICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTO		ISAAC MEJIAS VICE PRESID 19528 SATURNIA LAKES DRI		
number of shares of	TIAL OFFICERS AND/OR DIRECTO  JENNIFER GRASSO PRESIDENT e:	Name and Title	•	VE	
number of shares of TICLE V INT Name and Title	TIAL OFFICERS AND/OR DIRECTO EL JENNIFER GRASSO PRESIDENT 19528 SATURNIA	Name and Title	19528 SATURNIA LAKES DRI	VE	
TICLE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTO  JENNIFER GRASSO PRESIDENT  19528 SATURNIA  LAKES DR  BOCA RATON, FL 33498	Name and Title Address:	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
TICLE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTO E JENNIFER GRASSO PRESIDENT 19528 SATURNIA LAKES DR	Name and Title Address:	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
TICLE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTO  JENNIFER GRASSO PRESIDENT  19528 SATURNIA  LAKES DR  BOCA RATON, FL 33498	Name and Title Address: Name and Title	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
TCLE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTO E. JENNIFER GRASSO PRESIDENT 19528 SATURNIA LAKES DR BOCA RATON, FL 33498	Name and Title Address:  Name and Title  Name and Title Address:	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
TCLE V INT  Name and Title  Address	TIAL OFFICERS AND/OR DIRECTO E JENNIFER GRASSO PRESIDENT 19528 SATURNIA LAKES DR BOCA RATON, FL 33498	Name and Title Address: Name and Title Address:	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO  JENNIFER GRASSO PRESIDENT  19528 SATURNIA  LAKES DR  BOCA RATON, FL 33498	Name and Title Address: Name and Title Address: Address:	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	
Name and Title Address	TIAL OFFICERS AND/OR DIRECTO E JENNIFER GRASSO PRESIDENT 19528 SATURNIA LAKES DR BOCA RATON, FL 33498	Name and Title Address: Name and Title Address: Name and Title	19528 SATURNIA LAKES DRI BOCA RATON, FL 33498	VE	

Name a	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
	Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:
Name:	JENNIFER GRASSO	_
Address:	19528 SATURNIA LAKES DRIVE	-
	BOCA RATON, FL 33498	_
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	JENNIFER GRASSO	_
Address:	19528 SATURNIA LAKES DRIVE	_
	BOCA RATON, FL 33498	_
Having been no this certificate,	med as registered agent to accept service of proces am familiar with and accept the appointment as re	es for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
ten	when O. I gras	<u>302/22/2015</u>
	Required Signature/Registered Agent	Date
submit this do	cument and affirm that the facts stated Herein are Department of State constitutes of third degree felo	true. I am aware that the false information submitted in any as provided for in s.817.155, F.S.
Sen	hide of This	
	Required Signature/Incorporator	Date