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PICK-UP	•	☐ WAIT		MAIL MAIL	
	(Business Entity Name)				
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Certified Copies		Certificat	es of S	itatus	
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MUNDAY OF STATE



(11H

FLORIDA PROFIT SOCIAL PURPOSE CORPORATION

COVER LETTER

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

SUBJECT:	Jen's Markets & Events, a SP Corporation					
oobsect.	(PROPOSED CORPORA	TE NAME - MU <u>ST INCLUDE</u>	SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 CO	PY REQUIRED			
FROM:	Nam	Jennifer McCaffert	y			
		7 Sheridan Bay Drive Address				
	City	Ruskin FL 33570 , State & Zip				
_		-846-1316 Telephone number				
E-mail ad	jennifer@ idress: (to be used for future annu	gjens-market.com al report notification)				

NOTE: Please provide the original and one copy of the articles.

ARTICLE II NAME The name of the Social pulpose corporation shall be ARTICLE II PRINCIPAL OFFICE Principal street Eddress 1227 Sheridan Bay Drive Ruskin, FL 33570 ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE The corporation elects to be a social pulpose corporation in accordance with s. 607-703, F.S. The business purpose and public benefit(s) for which the corporation is organized are: Iness Purpose: to operate a business of outdoor markets and events that are fun, family friendly, and profitable. Itic Benefits: to have a positive affect on human health, local economies and charitable organizations through contrine, money and marketing skill sets. The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional): a) improve human health by offering fresh produce and healthy food choices b) promote economic opportunity for individuals and local farmers of provide a source of healthy vegetables and fruits to [bunicome communities by working with the Supplementa Nutritional Assistance Program. d) increase flow of capital to local non and not for profit corporations that state their purpose as a benefit to societ the environment. ARTICLE IV SINTEAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENFIT OFFICER (if Applicable) Name and Title: Jennifer McCafferty, President, Name and Title: Lori Crossley, Director Ruskin, FL 33570 Name and Title: Dana Dittmar, Director Name and Title: Address: Sun City Center, FL 33573 Name and Title: Fran Fabbro, Director Address: 14423 CR672 Wirnauma, FL 33598 Address:	* ARTICLES O	In compliance with Chapter 607 ar		
ARTICLE II SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE The corporation elects to be a social purpose corporation in accordance wins seurous, F.S. The business purpose and public benefit(s) for which the corporation is organized are: neess Purpose: to operate a business of outdoor markets and events that are fun, family friendly, and profitable. icid Benefits: to have a positive affect on human health, local economies and charitable organizations through contrine, money and marketing skill sets. The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional): a) improve human health by offering fresh produce and healthy food choices b) promote economic opportunity for individuals and local farmers c) provide a source of healthy vegetables and fruits to low-income communities by working with the Supplementa Nutritional Assistance Program d) increase flow of capital to local non and not for profit corporations that state their purpose as a benefit to societ the environment. ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENFIT OFFICER (if Applicable) Name and Title: Jennifer McCafferty, President, Name and Title: Lori Crossley, Director Address: 1237 Sheridan Bay Drive Address: Sun City Center, FL 33573 Name and Title: Fran Fabbro, Director Name and Title: Name and Title: Fran Fabbro, Director Name and Title: Name and Title: Fran Fabbro, Director Name and Title: Name and Title: Fran Fabbro, Director Name and Title: Name and Title: Fran Fabbro, Director Name and Title:		Jen's Ma	arkets & Events, a	16 1100 -
1227 Sheridan Bay Drive Ruskin, FL 33570 ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S. The business purpose and public benefit(s) for which the corporation is organized are: ness Purpose: to operate a business of outdoor markets and events that are fun, family friendly, and profitable. ic Benefits: to have a positive affect on human health, local economies and charitable organizations through contrine, money and marketing skill sets. The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional): a) improve human health by offering fresh produce and healthy food choices b) promote economic opportunity for individuals and local farmers c) provide a source of healthy vegetables and fruits to low-income communities by working with the Supplementa Nutritional Assistance Program. d) increase flow of capital to local non and not for profit corporations that state their purpose as a benefit to societ the environment. ARTICLE IV SHARES The number of shares of stock is:100	ARTICLE II PRINC			
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If applicable	e, BENEFIT DIRECTOR:	If applicable, BE	5 JUNEZ ZEPH 4: 08
Name:	Jennifer McCafferty	Name:	
Address	1227 Sheridan Bay Drive Ruskin, FL 33570	Address:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
		-	
ARTICLE VI REGI			
The name and Florid	da street address (P.O. Box NOT acceptable) of the		
Name:	Jennifer McCaffery	_	
Address:	1227 Shendan Bay Dr	_	
	Jennifer McCaffery 1227 Sheridan Bay Dr Ruskin, Fl 33570		
ARTICLE VII IN	CORPORATOR	_	
The name and addre	ess of the Incorporator is:		
Name:	Jennifer McCafferty		
Address: Ruskin, FL 33570			
		-	
ARTICLE VIII ADI	DITIONAL QUALIFICATIONS OF BENEFIT I	— Director, if an	∀ <i>Y</i> :
	<u>, , , , , , , , , , , , , , , , , , , </u>		
Having been named	as registered agent to accept service of process for	the above stated co	orporation at the place designated in
	familiar with and accept the appointment as register	ed agent and agree	to act in this capacity
Jenn	for Males Agent Registered Agent		6-19-2015 Date
I submit this docume	ent and affirm that the facts stated herein are true artment of State constitutes a third degree felony as		
gennif.	e M Cafferty Required Signature/Incorporator		6-19-2015
U	Required Signature/Incorporator		Date

If applicable, BENEFIT DIRECTOR: