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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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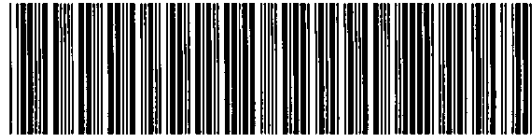
(Business Entity Name)

(Document Number)

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AND  
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15 JUN 22 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/1/1

**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

(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 McCafferty  
\_\_\_\_\_  
Name (Printed or typed)

1227 Sheridan Bay Drive  
\_\_\_\_\_  
Address

Ruskin FL 33570  
\_\_\_\_\_  
City, State & Zip

813-846-1316  
\_\_\_\_\_  
Daytime Telephone number

jennifer@jens-market.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 FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the social purpose corporation shall be

Jen's Markets & Events, a SP Corporation

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

Business Purpose: to operate a business of outdoor markets and events that are fun, family friendly, and profitable.

Public Benefits: to have a positive affect on human health, local economies and charitable organizations through contribution of time, 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 Supplemental Nutritional Assistance Program.
- d) increase flow of capital to local non and not for profit corporations that state their purpose as a benefit to society or the environment.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**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 1227 Sheridan Bay Drive

Address: 14616 Rannoch Moor Place  
Wimauma, FL 33598

Ruskin, FL 33570

Name and Title: Dana Dittmar, Director

Name and Title:

Address 2307 Grantham Court

Address:

Sun City Center, FL 33573

Name and Title: Fran Fabbro, Director

Name and Title:

Address 14423 CR672 Wimauma, FL 33598

Address:

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If applicable, BENEFIT DIRECTOR:

Name: Jennifer McCafferty

Address: 1227 Sheridan Bay Drive Ruskin, FL 33570

If applicable, BENEFIT OFFICER:

Name: \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Jennifer McCafferty

Address: 1227 Sheridan Bay Dr  
Ruskin, FL 33570

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer McCafferty

Address: 1227 Sheridan Bay Drive

Ruskin, FL 33570

**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

*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*

Jennifer McCafferty  
Required Signature/Registered Agent

6-19-2015  
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.*

Jennifer McCafferty  
Required Signature/Incorporator

6-19-2015  
Date