

P/5000083303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

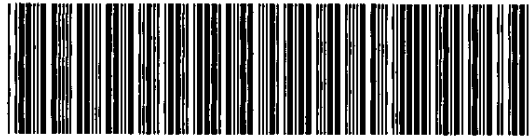
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600277538336

10/05/15--01026--021 \*\*70.00

EFFECTIVE DATE

9.25.15

RECEIVED BY STATE  
TALLAHASSEE, FLORIDA  
15 OCT -5 PM 11:59  
FILED

OCT 9 2015  
S. GILBERT

**COVER LETTER**

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

**SUBJECT:** Michael E. Jenkins Enterprises, Inc.  
(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 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 COPY REQUIRED**

**FROM:** Law Offices of Bonnie A. Brown  
Name (Printed or typed)  
514 Colorado Avenue  
Address  
Stuart, FL 34994  
City, State & Zip  
772-221-9024  
Daytime Telephone number  
jenkinsm1952@att.net  
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)

LED

15 OCT -5 PM 11:59

**ARTICLE I NAME**  
The name of the corporation shall be: Michael E. Jenkins Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

MAILING ADDRESS  
Mailing address, if different is: FLORIDA

2204 Grand Oak Avenue

Same

Fort Pierce, FL 34981

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Any and all lawful business

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

Name and Title: MICHAEL E. JENKINS and JOAN M. JENKINS, TRUSTEES  
Address: OF THE MICHAEL E. JENKINS REVOCABLE TRUST w/d 06/24/15  
2204 Grand Oak Avenue PRESIDENT  
Fort Pierce, FL 34981

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

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

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: Michael E. Jenkins  
 Address: 2204 Grand Oak Avenue  
Fort Pierce, FL 34981

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MICHAEL E. JENKINS  
 Address: 2204 GRAND OAK AVENUE  
FORT PIERCE FL 34981

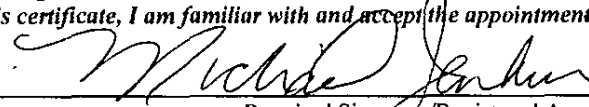
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 09/25/15. (OPTIONAL)

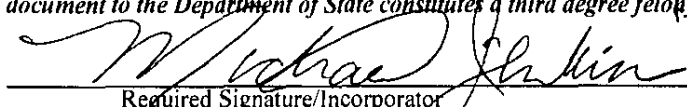
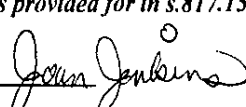
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

 09/25/15  
 Required Signature/Registered Agent 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.*

  09/25/15  
 Required Signature/Incorporator Date