

P/5000083303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

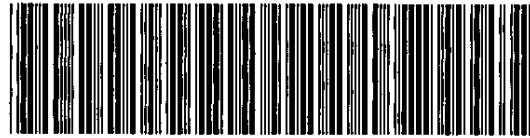
(Business Entity Name)

(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

OCT 9 2015

S. GILBERT

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

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 ☐ \$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: 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

jenkinsml952@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, 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

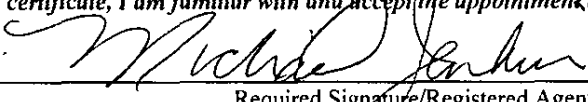
ARTICLE VIII EFFECTIVE DATE:

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.)

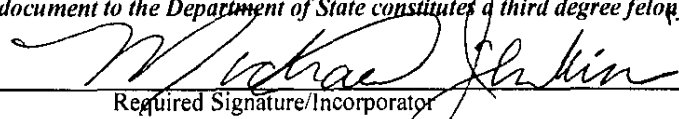
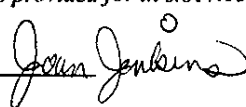
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature/Registered Agent

09/25/15
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

09/25/15
Date