Division of Corporations **Electronic Filing Cover Sheet**

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(((H160001511143)))



H160001511143ABCU

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : KRISJOENNA SERVICES, INC.

Account Number : I20080000033 : (305)644-3055

Phone Fax Number

: (305)644-3052

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION J&B SERVICES INC

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FLORIDA DEPARTMENT OF STATE

June 22, 2016

Division of Corporations

KRISJOENNA SERVICES, INC.

SUBJECT: J&B SERVICES INC

REF: W16000044530

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L04000008334.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Valeria Harring Regulatory Specialist II New Filing Section

FAX Aud. #: H16000151114 Letter Number: 116A00013107

COVER LETTER

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

SUBJECT: JN&E	G SERVICES GROUP, INC			
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an o	riginal and one (1) copy of the art	icles of incorporation and	i a check for:	
☐ \$70.00 Filing Fee		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
		ADDITIONAL CO	OPY REQUIRED	
FROM: _	EFFRIE NUÑEZ Name	e (Printed or typed)		
6	140 POREST HILL BLVD SUITE 202			
		Address		
V	VEST PALM BEACH, FLORIDA 334		. 1	
_	City,	State & Zip		
. (561) 945-7963			
_	Daytime Telephone number			
K	JESERVICES@YAHOO.COM			
_	E-mail address: (to be use	d 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)

<u>'ICLE II PRIN</u>	CIPAL OFFICE Principal street address	Mailing	g address, if different is:
O FOREST HILL I	BLVD SUITE 202		
ST PALM BEACE	H, FL. 33415		
TICLE III PURF purpose for which	the corporation is organized is: ALL PURPO	OSE	·
			Ann
			ं क ै
TICLE IV SHAL	RES		١ - ٠
number of shares of	of stock is:		16 JUN 2
number of shares of	of stock is: IAL OFFICERS AND/OR DIRECTORS		27 6
number of shares of	IAL OFFICERS AND/OR DIRECTORS TEFFRIE NI IÑEZ - PRESIDENT	Name and Title:	27 PH
number of shares of	IAL OFFICERS AND/OR DIRECTORS TEFFRIE NI IÑEZ - PRESIDENT	Name and Title:	27 PH
number of shares of <u>FICLE V INITA</u> Name and Tit	of stock is: IAL OFFICERS AND/OR DIRECTORS JEFFRIE NUÑEZ - PRESIDENT		27 PH :
number of shares of the control of t	MAL OFFICERS AND/OR DIRECTORS JEFFRIE NUÑEZ - PRESIDENT 6140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415		27 PH :
number of shares of the control of t	MAL OFFICERS AND/OR DIRECTORS Ide: 6140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415 BRAYAN GALVEZ - SECRETARY	Address:	27 FH :: 56
number of shares of the control of t	MAL OFFICERS AND/OR DIRECTORS JEFFRIE NUÑEZ - PRESIDENT 6140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415	Address:	27 PH :: 56
number of shares of the control of t	MAL OFFICERS AND/OR DIRECTORS Ide: 6140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415 BRAYAN GALVEZ - SECRETARY	Address:	27 PH :: 56
Name and Titl Name and Titl Address Name and Titl Address	MAL OFFICERS AND/OR DIRECTORS Ide: G140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415 BRAYAN GALVEZ - SECRETARY G140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415	Address: Name and Title: Address:	27 FH : 56
Name and Titl Name and Titl Address Name and Titl Address	MAL OFFICERS AND/OR DIRECTORS Hele: 6140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415 BRAYAN GALVEZ - SECRETARY 6140 FOREST HILL BLVD SUITE 202	Address: Name and Title: Address:	27 FH : 56
Name and Titl Name and Titl Address Name and Titl Address	MAL OFFICERS AND/OR DIRECTORS Ide: G140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415 BRAYAN GALVEZ - SECRETARY G140 FOREST HILL BLVD SUITE 202 WEST PALM BEACH, FL. 33415	Address: Name and Title: Address:	27 FH :: 56

Name a	nd Title:	Name and Title:
Addres	<u> </u>	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name:	JEFFRIE NUÑEZ	_
Address:	6140 FOREST HILL BLVD SUITE 202	~
71001000	WEST PALM BEACH, FL. 33415	
		– ਰ
ARTICLE VII	INCORPORATOR	JUN 27
The name and s	address of the Incorporator is:	2
Name:	JEFFRIE NUÑEZ	
Address:	6140 FOREST HILL BLVD SUITE 202	
	WEST PALM BEACH, FL. 33415	
Effective date, i (If an effective days after the f Note: If the dat	alling.)	. (OPTIONAL) of be more than five business days prior or 90 business c statutory filing requirements, this date will not be listed as
	am familiar with and accept the appointment as re	
	Teffrie Nunez Required Signature/Registered Agent	06/27/2016
T		
	cument and affirm that the facts stated herein are Department of State constitutes a third degree felo	t true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S.
	Jeffrie Nuñez	06/27/2016
Regu	ired Signature/Incorporator	Date