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FLORIDA PROFIT BENEFIT CORPORATION

COVER LETTER

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

lhreads SUBJECT: UDE SUFFIX) PROPOSED COR

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee Filing Fee & Certificate of Status

\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	DPY REOUIRED

FROM: <u>Kimberly Jacobs</u> Name (Printed or typed) <u>5871 Lee Blvd</u>, <u>Ste 208</u>, <u>Ste208-429</u> <u>Address</u>, <u>FL 33971</u> <u>City, State & Zip</u> <u>321-501-3696</u> <u>Daytime Telephone number</u> <u>juneekthread Sinc @ amail.com</u> <u>E-mail address: (to be used for future annual eport notification)</u>

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

ARTICLES OF INCORPORATION FOR FLO In compliance with Chapter 607 a	
ARTICLE I NAME The name of the benefit corporation shall be: JUNCE	K Threads Inc
ARTICLE II PRINCIPAL OFFICE 5781 Lee BILLO Ste 2018	Mailing address, if different is:
Ste 208-429	
Lehigh Acres, FL 33936	
ARTICLE III BENEFIT STATEMENT AND BUSINESS PURI The corporation elects to be a benefit corporation in accordance w The purpose for which the corporation is organized is to create a p	with s. 607.603, F.S.
Juneek is a unique, multipurpose	resale store, specializing in
repurposing big and tall clothing. E	By repurposing clothes ; saves
the environment, less chemical re	÷ •
supports the community, you try!	By you buy and build your awn
Unique wardrobe.	
Juneek Threads Inc is an with a local charity.	affiliate partner
O	6
·	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT	<u> </u>
Name and Title: Kimberly Jalobs P, T	
Address <u>203W Jasmine Ro</u>	
Lehigh Acres FL 334	36 Lehigh Hales FL 3013
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
it was the second	
Name and Title: Vanessa McCallister : Address 2/13 W Jasmine Rd	

Name and Ti	tle:	Name and Title:
Address		Address:
	·	
If applicable,	BENEFIT DIRECTOR:	If applicable, BENEFIT OFFICER:
Name :	Kimberly Jacobs	Name:
Address	5871 Lee Blvd Ste 208	_ Address:
	ste 208-429	
	Lehigh Acres FL 339	71
		······································
The <u>name and Floric</u> Name:	Astreet address (P.O. Box NOT acceptable) Aimberly Jacobs 871 Lee Blud Stezols, S ehigh Acres, FL 3393 CORPORATOR ss of the Incorporator is: Kimberly Jacobs 5871 Lee Blud, Stezols, S Lehigh Acres, FL 339	- te208-429 Le
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 i this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity		
	noabs	1/20/2011-
- Here	Required Signature/Registered Agent	

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.

6/300/16 Date

Required Signature/Incorporator