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17 APR -6 PM 4:56  
TALLAHASSEE, FLORIDA

D O'KEEFE

APR 10 2017

**COVER LETTER**

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

**SUBJECT:** Jenifer Fernandez PA  
(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:** Jenifer Fernandez  
Name (Printed or typed)

3813 Polumbo Dr.  
Address

Valrico, FL 33596  
City, State & Zip

813 486 5993  
Daytime Telephone number

realtor.jeniferf@gmail.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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Jennifer Fernandez PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10703 Rockledge View Dr.  
Riverview, FL 33579

3813 Columbus Dr.  
Valrico, FL 33596

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Sell real estate

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Jennifer Fernandez Name and Title: \_\_\_\_\_

Address: President / Treasurer Address: \_\_\_\_\_

3813 Columbus Dr.  
Valrico, FL 33596

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

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

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

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

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17 APR - 6 PM 4:57  
TALLAHASSEE, FL 32301

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: Jenifer Fernandez  
Address: 3813 Polunbo Dr.  
Valrico, FL 33596

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Jenifer Fernandez  
Address: 3813 Polunbo Dr.  
Valrico, FL 33596

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

[Signature] Required Signature/Registered Agent 3/31/17 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.*

[Signature] Required Signature/Incorporator 3/31/17 Date