(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

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2019 JUL 31 KSTH: 02

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, FL 32301

Reference: Jenks Home Service, Inc Florida Document Number P16000053063

Dear Department:

It has come to my attention that my Corporation Jenks Home Service, Inc has

become administratively dissolved due to non payment of the annual report filing fee.

At this time I would ask the Department to release my Florida Document Number P16000053063 for my Corporation Jenks Home Service Inc.

Further I enclose new articles that I would like to file with the Department.

Thanking you in advance for your assistance with these matters.

Sincerely,

Glenn Jenks, President

## **COVER LETTER**

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

AND THE REPORT OF THE	HOME SERVICE, INC.		
SUBJECT.	(PROPOSED CORPORA	TE NAMÉ – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	ENN JENKS	e (Printed or typed)	
160	044 BADALONA DRIIVE		
<del></del>		Address	
PU	INTA GORDA, FL 33955		
	City	State & Zip	
23	9-222-8722		
	Daytime	felephone number	
GS	JENKS91@GMAIL.COM		
_	E-mail address: (to be use	ed 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)

erru non	vein it oppier		
<i>ICLE II PRII</i> BADALONA DRIVE	VCIPAL OFFICE Principal street address	Mailing a	ddress, if different is:
ITA GORDA, FI	- <u> </u>	0.0112	
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TICLE III PUR.	POSE ANY		NING TO
ME RENOVATION		-	
			2019
TICLE IV COA	-		~ <del>~</del>
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number of shares of	RES 100 SHARES @ \$1.00 PER of stock is:	SHARE	JUL 31 A
number of shares of	of stock is:	SHARE	31 /41
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Name	and Title:	Name and Title:	
Addr	ess	Address:	
ARTICI E VI	REGISTERED AGENT		
	I Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	GLENN JENKS	<u></u>	
Address:	16044 BADALONA DRIVE		
	PUNTA GORDA, FL 33955		
ARTICLE VI.	I INCORPORATOR		
	I INCORPORATOR  Laddress of the Incorporator is:		
The name and	Laddress of the Incorporator is:		
The <u>name and</u> Name:	Grenn Jenks		
The name and	Laddress of the Incorporator is:  Glenn Jenks  16044 Bn Dalong	DC	
The <u>name and</u> Name:	Grenn Jenks	DC	
The <u>name and</u> Name: Address:	Laddress of the Incorporator is:  Glenn Jenks  16044 Badalong  Punta Gorda, Fl	DC	
The <u>name and</u> Name: Address:	Laddress of the Incorporator is:  Glenn Jenks  16044 Badalong  Punta Gorda, Fl	<u>Dr</u> 33955	
The <u>name and</u> Name: Address: <u>ARTICLE VIE</u> Effective date, (If an effectiv	Laddress of the Incorporator is:  Glenn Jenks  16044 Badalong  Punta Gorda, Fl	<u>Dr</u> 33955	er the
The <u>name and</u> Name: Address:	Laddress of the Incorporator is:  Glenn Jenks  16044 Badalong  Punta Gorda, Fl	DC	er the
The name and Name: Address:  ARTICLE VIE Effective date, (If an effectiv filing.)  Note: If the d	Address of the Incorporator is:  Glenn Senks  16044 Badalong  Punta Gorda, Fl  II EFFECTIVE DATE:  if other than the date of filing:  e date is listed, the date must be specific and  ate inserted in this block does not meet the appl	. (OPTIONAL)  cannot be more than five days prior or 90 days after the cable statutory filing requirements, this date will not be	
The name and Name: Address:  ARTICLE VIE Effective date, (If an effectiv filing.)  Note: If the d	Haddress of the Incorporator is:  Glenn Senks  16044 Bn Dalong  Punta Gorda, Fl  HEFFECTIVE DATE:  if other than the date of filing: e date is listed, the date must be specific and	. (OPTIONAL)  cannot be more than five days prior or 90 days after the cable statutory filing requirements, this date will not be	
The name and Name: Address:  ARTICLE VII Effective date, (If an effective filing.)  Note: If the dethe document'	Laddress of the Incorporator is:  Glenn Senks  16044 Badalona  Punta Gorda, Fl  H EFFECTIVE DATE:  if other than the date of filing: e date is listed, the date must be specific and  ate inscreed in this block does not meet the apples effective date on the Department of State's recommendate.	. (OPTIONAL) cannot be more than five days prior or 90 days after cable statutory filing requirements, this date will not lords.	be fiste
The name and Name: Address:  ARTICLE VII. Effective date. (If an effective filing.)  Note: If the date document'  Having been rethis certificate.	I address of the Incorporator is:  GIENN SENKS  16044 Bn DAIONG  PUNTA GONDA, F-1  II EFFECTIVE DATE:  if other than the date of filing: e date is listed, the date must be specific and  ate inserted in this block does not meet the appl s effective date on the Department of State's recommend as registered agent to accept service of part and familiar with and accept the appointment	. (OPTIONAL) cannot be more than five days prior or 90 days after cable statutory filing requirements, this date will not lords.  rocess for the above stated corporation at the place days registered agent and agree to act in this capacity	be fiste
The name and Name: Address:  ARTICLE VII. Effective date. (If an effective filing.)  Note: If the date document'  Having been rethis certificate.	Address of the Incorporator is:  Glenn Senks  16044 Badalong  Punta Gorda, Fl  II EFFECTIVE DATE:  if other than the date of filing:  e date is listed, the date must be specific and  ate inserted in this block does not meet the appl s effective date on the Department of State's recommend as registered agent to accept service of p	. (OPTIONAL) cannot be more than five days prior or 90 days after cable statutory filing requirements, this date will not lords.  rocess for the above stated corporation at the place days registered agent and agree to act in this capacity	be fiste lesignat

Sequired Signature/incorporator