

**P190000083449**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : PEDRO LOZQUINOS  
Account Number : 12017000042  
Phone : (954) 655-8413  
Fax Number : (954) 432-8867

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

Email Address: PLUZQUINOS F@HOTMAIL.COM

FILED  
19 NOV -7 PM 3:26  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
JESSY'S CARE INC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 01      |
| Estimated Charge      | \$70.00 |

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT:** JESSY'S CARE 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  
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:** JESSICA E, CANO

Name (Printed or typed)

430 SE 7TH ST APT 204E

Address

DANIA BEACH, FL 33004

City, State &amp; Zip

(954) 806-3101

Daytime Telephone number

PLUZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

H190003287943

**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: JESSY'S CARE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
430 SE 7TH ST APT 204E

Mailing address, if different is:

DANIA BEACH, FL 33004

**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 SHARES

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

Name and Title: JESSICA E, CANO (P)

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

Address 430 SE 7TH ST APT 204E

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

DANIA BEACH, FL 33004

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: JESSICA E, CANO  
Address: 430 SE 7TH ST APT 204E  
DANIA BEACH, FL 33004

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: JESSICA E, CANO  
Address: 430 SE 7TH ST APT 204E  
DANIA BEACH, FL 33004

**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*

|                                     |            |
|-------------------------------------|------------|
| <u>Jessica Cano</u>                 | 11/07/2019 |
| Required Signature/Registered Agent | 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.*

|                                 |            |
|---------------------------------|------------|
| <u>Jessica Cano</u>             | 11/07/2019 |
| Required Signature/Incorporator | Date       |