

P2000000 19407

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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200341579802

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2020 MAR -3 AM 9:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

20 MAR -3 PM 3:20

MAR -4 2020

K Brumbley

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 3/3/2020

PRIORITY Routine

OUR REF # (Order ID#) 811846

ORDER ENTITY

JEN MANAGEMENT CORP.

PLEASE PERFORM THE FOLLOWING SERVICES:

JEN MANAGEMENT CORP. (FL)

New corp filing

NOTES:

\$70.00 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



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: JEN MANAGEMENT CORP.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6779 MOONLIT DRIVE
DELRAY BEACH, FL 33446

Mailing address, if different is:
6779 MOONLIT DRIVE
DELRAY BEACH, FL 33446

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK GERBUSH, DIR.

Name and Title: _____

Address 6779 MOONLIT DRIVE

Address: _____

DELRAY BEACH, FL 33446

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: MARK GERBUSH

Address: 6779 MOONLIT DRIVE

DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

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

Name: LAWRENCE A. KIRSCH

Address: 90 STATE STREET, SUITE 815

ALBANY, NEW YORK 12207

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

Mark Gerbush

Required Signature/Registered Agent

03/03/2020

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.

Lawrence A. Kirsch

Required Signature/Incorporator

03/03/2020

Date