

P24000003262

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

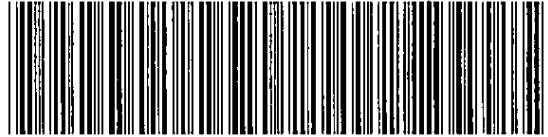
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700420757997

RECEIVED

2024 JAN 16 AM 11:13

SEC. OF STATE  
TALLAHASSEE, FLORIDA

2024

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$70.00\_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_  
*Johny Jen*

\_\_\_\_\_  
Johny Jen, Inc.

BUSINESS

Document

\_\_\_\_ Walk in

\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out

\_\_\_\_ Will wait

\_\_\_\_ Certified copy of articles of incorporation  
\_\_\_\_ Certified of Status

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit  
\_\_\_\_ Not for Profit  
\_\_\_\_ Limited Liability  
\_\_\_\_ Domestication  
\_\_\_\_ Other  
**X CORP**

**AMMENDMENTS**

\_\_\_\_ Amendment  
\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_ Change of Registered Agent  
\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_ Merger  
\_\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_\_ Annual Report  
\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing  
\_\_\_\_ Limited Partnership  
\_\_\_\_ Reinstatement

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$70.00 \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ 

\_\_\_\_ Johny Jenó, Inc.

BUSINESS

Document

\_\_\_\_ Walk in

\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_ Mail out

\_\_\_\_ Will wait

\_\_\_\_ Certified copy of articles of incorporation

\_\_\_\_ Certified of Status

\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_ Profit

\_\_\_\_ Not for Profit

\_\_\_\_ Limited Liability

\_\_\_\_ Domestication

\_\_\_\_ Other

X CORP

**AMMENDMENTS**

\_\_\_\_ Amendment

\_\_\_\_ Resignation of R.A. Officer/Director

\_\_\_\_ Change of Registered Agent

\_\_\_\_ Dissolution/Withdrawal

\_\_\_\_ Merger

\_\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_\_ Annual Report

\_\_\_\_ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_ Foreign filing

\_\_\_\_ Limited Partnership

\_\_\_\_ Reinstatement

\_\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

\_\_\_\_ Other

EXAMINER'S INITIALS: \_\_\_\_\_

Release and Permission to Use Name

(Date)

To: Florida Department of State Division of Corporations

Re: Release and permission to use name

Entity's name: Johnny Jeno, Inc.

Florida Doc. Number: P20000055431

The date the document was filed with the Division of Corporations: 7/27/2020

I give my permission to release the name: Johnny Jeno, Inc.

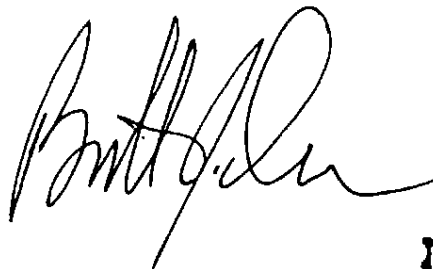
to make it available to the Division of Corporations for use by others. I will not  
revoke this release of name.

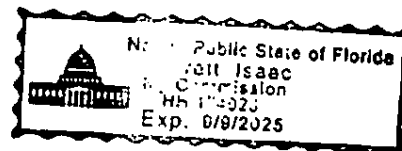
Sincerely,

Signed name: 

Printed Name: John Jeno Title: President

(NOTARY)





## COVER LETTER

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

**SUBJECT:** Johnny Jeno 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Brett Isaac  
Name (Printed or typed)

2151 University Blvd S

Address

Jacksonville, FL 32217

City, State &amp; Zip

Daytime Telephone number

Brett@isaactaxcpa.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: Johny Jeno Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <b><u>street</u></b> address <u>5675 Timuquana Rd</u> <u>Jacksonville, FL 32210</u>	Mailing address, if different is: _____ _____
---	---

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To Operate a smoke shop.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: <u>John Dahi President</u> Address: <u>5675 Timuquana Rd</u> <u>Jacksonville, FL 32210</u> _____	Name and Title: _____ Address: _____ _____
---	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ Address: _____ _____
--	--

Name and Title: _____ Address: _____ _____	Name and Title: _____ 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: Brett Isaac  
Address: 2151 University Blvd S  
Jacksonville, FL 32216

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Brett Isaac  
Address: 2151 University Blvd S  
Jacksonville, FL 32216

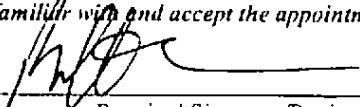
**ARTICLE VIII EFFECTIVE DATE:**

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.)

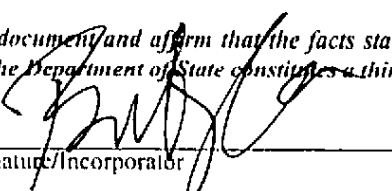
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
Required Signature/Registered Agent

1/12/24  
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.*

  
Required Signature/Incorporator

1/12/24  
Date