FEI Number: 20-5318809 Name and Address of Current Registered Agent:			Certificate of Status Desired: No	
JEAKLE, JOHN 4929 ATLANTIC JACKSONVILLE	BLVD	tered office or regis	tered agent, or both, in the State of Fil	orida.
SIGNATURE: JOHN G JEAKLE				04/22/2015
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	Ρ	Title	S,T	
Name	BOWDEN, RHONDA	Name	BOWDEN, HAYWARD	

Address

City-State-Zip:

Current Principal Place of Business: 2161 GLEN GARDNER DRIVE JACKSONVILLE, FL 32246

DOCUMENT# P06000101106

Current Mailing Address:

2161 GLEN GARDNER DRIVE JACKSONVILLE, FL 32246

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2161 GLEN GARDNER DRIVE

City-State-Zip: JACKSONVILLE FL 32246

Address

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HAYWARD D BOWDEN

OFFICER

2161 GLEN GARDNER DRIVE

JACKSONVILLE FL 32246

04/22/2015

Entity Name: MOBILE MOWER SERVICE & REPAIR, INC.

FILED Apr 22, 2015 Secretary of State CC4481216318

Electronic Signature of Signing Officer/Director Detail

Date