

P.00000 107353

TRANSMITTAL LETTER

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

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-11/15/00--01098--002
*****87.50 *****87.50

SUBJECT: x

JRI Lawn Care Corp.

(Proposed corporate name - must include suffix)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 15 AM 7:30

FILED

Enclosed is 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:

JUAN IRIZARRY

Name (Printed or typed)

4187 CORSAIR AVENUE

Address

KISSIMMEE FLORIDA 34741

City, State & Zip

(407) 238-2412 / (407) 739-0233

Daytime Telephone number

E. CHESSEBROUGH

NOV 17 2000

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

x JRI lawn care corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4187 CORSAIR AVENUE
KISSIMMEE, FLORIDA 34741

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

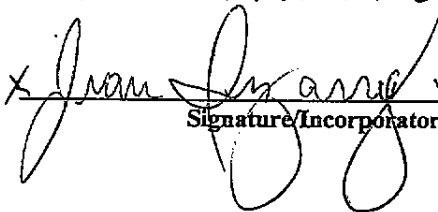
The name and Florida street address of the initial registered agent are:

JUAN IRIZARRY
4187 CORSAIR AVENUE
KISSIMMEE, FLORIDA 34741

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

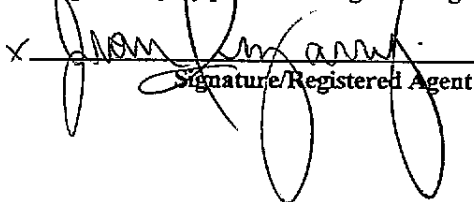
JUAN IRIZARRY
4187 CORSAIR AVENUE
KISSIMMEE, FLORIDA 34741

x 
Signature/Incorporator

11-13-00
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

x 
Signature/Registered Agent

11-13-00
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 15 AM 7:31

FILED