

PD10000014424

TRANSMITTAL LETTER

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

FILED
01 FEB - 6 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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-02/06/01--01090--016
*****87.50 *****87.50

SUBJECT: Jacksonville Home-Pro, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: KEVIN M. BOOTH
Name (Printed or typed)

5021 Mustang Road
Address

Jacksonville, FL 32246
City, State & Zip

904-237-4454
Daytime Telephone number

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

paid 2/8/01
2✓

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:

Jacksonville Home-Pro, Inc.

ARTICLE II PRINCIPAL OFFICE

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

5021 Mustang Road
Jacksonville, Florida 32216

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time are: 100 shares

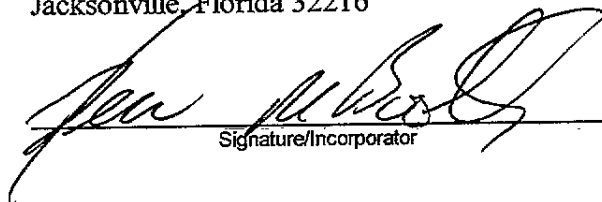
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

Kevin M. Booth
5021 Mustang Road
Jacksonville, Florida 32216

ARTICLE V INCORPORATOR

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

Kevin M. Booth
5021 Mustang Road
Jacksonville, Florida 32216

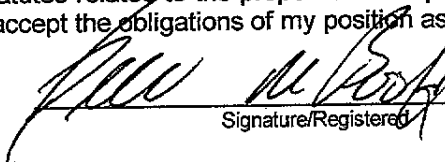


Signature/Incorporator

01-22-01

Date

Having been named as a 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



Signature/Registered

01-22-01

Date

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01 FEB -6 AM 9:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA