## P030004483/

| (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: |
|   |
|   |
|   |
| 14/22/                                  |
| Office Use Only                         |



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U4/21/03--01057--017 \*\*78.75



## TRANSMITTAL LETTER

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

| SUBJECT:                 | ohnmy Jackson's                   | Lewn CARE,                 | IK.                |  |
|--------------------------|-----------------------------------|----------------------------|--------------------|--|
|                          | (PROPOSED CORPORA                 | TE NAME – <u>MUST INCL</u> | ude suffix)        |  |
|                          |                                   |                            |                    |  |
|                          |                                   |                            |                    |  |
| Enclosed are an orig     | ginal and one (1) copy of the art | icles of incorporation and | d a check for:     |  |
| \$70.00                  | <b>\$78.75</b>                    | \$78.75                    | <b>□</b> \$87.50   |  |
| Filing Fee               | Filing Fee                        | Filing Fee                 | Filing Fee,        |  |
| •                        | & Certificate of Status           | & Certified Copy           | Certified Copy     |  |
|                          |                                   |                            | & Certificate of   |  |
|                          |                                   |                            | Status             |  |
|                          |                                   | ADDITIONAL CO              |                    |  |
|                          |                                   |                            | 71 1 100 4 0 11110 |  |
| EDOM:                    | Michael W. Fuj                    | llen                       |                    |  |
| FROM                     | Name                              | (Printed or typed)         |                    |  |
|                          |                                   |                            |                    |  |
| PO BOX 231               |                                   |                            |                    |  |
| Address                  |                                   |                            |                    |  |
|                          |                                   |                            |                    |  |
|                          | n1                                | 70 001                     |                    |  |
|                          | ODESSA, 71                        | 33556                      | -                  |  |
| City, State & Zip        |                                   |                            |                    |  |
|                          | _                                 | _                          |                    |  |
|                          | 8/3. 924. 0775                    |                            |                    |  |
| Daytime Telephone number |                                   |                            |                    |  |

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: Johnny JACKSON'S LAWN CARE, INC. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1434 LOTUS AVENUE Lakelano, FL 33803 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ANY and ALL Lawful purposes ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): Johnny JAckson 1434 Lotus Avenue Lakelew, FC 33803 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Michael w. Fulka 2701 W. Busch Blod. #141 Tamps, 71 33618 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Michael W. Fuller Poby 231 ODESSA, PL 3355C

Signature/Registered Agent

Date

11-03

Signature/Incorporator

Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this