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| (Requestor's Name) | | | | |
|---|--------------|-------------|--|--|
| (A da | lrace) | | | |
| (Address) | | | | |
| (Address) | | | | |
| | · | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Coples | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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

| SUBJECT: | JOHN HA | | INC. | |
|---|-------------------------------------|------------------------------|---------------------------------|--|
| | (PROPOSED CORPORA) | ΓΕ NAME – <u>MUST INCL</u> I | UDE SUFFIX) | |
| | | | | |
| Enclosed are an orig | final and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 | □ \$78.75 | □ \$78.75 | □ \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of | |
| | | | Status | |
| | | ADDITIONAL CO | | |
| FROM: JOHN HAWKER | | | | |
| Name (Printed or typed) | | | | |
| 584 1st AVE. 5. # B5 | | | | |
| Address | | | | |
| NAPLES FLA. 34100 | | | | |
| NAPLES, FLA. 34102 City, State & Zip | | | | |
| (239) 272-2360 | | | | |
| Daytime Telephone number | | | | |

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

| и " _В | |
|--|--------------------|
| ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | O4 MAY -6 PH 12: 0 |
| ARTICLE I NAME | ST MAY -C |
| The name of the corporation shall be: | ESECNO PHIO: O |
| JOHN HAWKER, INC. | TALLANDESE FLORIDA |
| ARTICLE II PRINCIPAL OFFICE | 5110A |
| The principal place of business/mailing address is: 584 STAUE_S # B5 NAPLES, FLA. 34102-0000 | - |
| ARTICLE III PURPOSE | |
| The purpose for which the corporation is organized is: | · - |
| HOME REPAIR | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| ~ | |
| 1 (ONE) | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS | |
| List name(s), address(es) and specific title(s): | |
| JOHN HAWKER - COWNER) | |
| 584 15 AUE.S. +B5 | |
| NAPLES, FLA. 34102-0000 | |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| JOHN HAWKER | |
| 584 15 AUE. S. # B5 | |
| 53 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: JOHN HAWKER 584 15 AUE. 5. # B5 NAPLUS, FL. 34102-0000 | |
| 584 1 AUE. S. # B5 (| |
| NAPLES, FL. 34102-0000 | |

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

Signature/Registered Agent Date

Oth HAWKER

Signature/Incorporator

Date