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TRANSMITTAL LETTER

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

SUBJECT: JB HON	ME REPAIRS & MAINTENACE, I	NC.	
•	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles 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:	JAMES BENOIT	(Printed or typed)	
	Name	(Frinted of typed)	
-	2400 NE 2 TERRACE Address		
	POMPANO BEACH, FL 33 City,	064 State & Zip	
	(754) 235-0873 Daytime T	elephone 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:

JB HOME REPAIRS & MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2400 NE 2 TERRACE POMPANO BEACH, FL 33064

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: DOING BUSINESS FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

JAMES BENOIT

(OWNER)

2400 NE 2 TERRACE, POMPANO BEACH, FL 33064

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: 2400 NE 2 TERRACE POMPANO BEACH, FL33064

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JAMES BENOIT 2400 NE 2 TERRACE POMPANO BEACH, FL33064

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

96-24-04 Date