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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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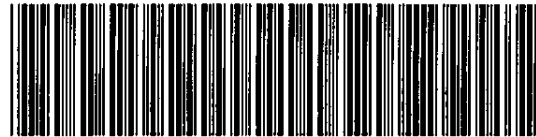
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: J. P. M. CONCEPTS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Phillip McClellan
Name (Printed or typed)

4230 Mohawk Place
Address

Naples, FL 34112
City, State & Zip

239-285-4360
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:

J.P.M. CONCEPTS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4230 Mohawk Place
Naples, FL 34112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide landscape installation and maintenance services.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Phillip McClellan : 4230 Mohawk Place President
Naples, FL 34112

Jordan McClellan: 4230 Mohawk Place Director of Operations
Naples, FL 34112

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Phillip McClellan 4230 Mohawk Place
Naples, FL 34112

ARTICLE VII INCORPORATOR

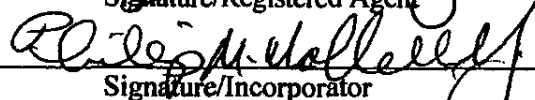
The name and address of the Incorporator is:

Phillip McClellan 4230 Mohawk Place
Naples, FL 34112

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

07-08-07
Date


Signature/Incorporator

07-08-07
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA