

008000056453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

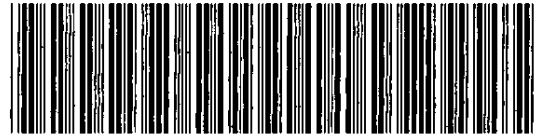
(Business Entity Name)

(Document Number)

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6/15/08

## COVER LETTER

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

SUBJECT: JanPat, 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: Jeffrey D Patane

Name (Printed or typed)

5287 SE Sweetbrier Terrace

Address

Hobe Sound, FL 33455

City, State & Zip

772-631-4141

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:

JanPat, Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

5287 SE Sweetbrier Terrace; Hobe Sound, FL 33455

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

General Contracted Services

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Jeffrey D Patane - President/Director  
5287 SE Sweetbrier Terrace  
Hobe Sound, FL 33455

**ARTICLE VI REGISTERED AGENT**

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

Jeffrey D Patane  
5287 SE Sweetbrier Terrace  
Hobe Sound, FL 33455

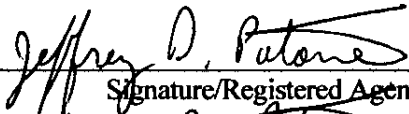
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jeffrey D Patane  
5287 SE Sweetbrier Terrace  
Hobe Sound, FL 33455

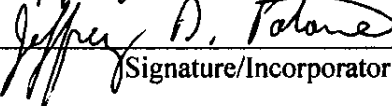
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

05/27/08

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

05/27/08

\_\_\_\_\_  
Date

FILED  
08 JUN -9 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA