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(Requestor's Name)				
(Addross)				
(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:				
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Office Use Only



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2010 OCT 27 PM 2: 43
SECRETARY OF STATE

J. Stivers NOV 0 1 200

## **COVER LETTER**

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

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## SUBJECT: Julian's Backhoe & Tractor Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the arti  70.00 \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status  OPY REQUIRED			
FROM: Holly Julian Name	(Printed or typed)	TALLAHAS	2010 OCT 27		
3003 Woodymarion Drive					
Chipley, FL 32428	Address State & Zip	OF STATE	PM 2: 43		
850-258-2756					
Daytime To	elephone number				
juliahj@bay.k12.fl.us E-mail address: (to be used	for future annual report	notification)			

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 The name of the	NAME Julian's Backhoe & Tractor corporation shall be:	Service, Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing address, if different is:	
	3003 Woodymarion Drive		
	Chipley, FL 32428		
ARTICLE III			
	which the corporation is organized is:	a laws of the state of Florida	
ro engage	n any and all business permitted under th	e laws of the state of Florida	
ARTICLE IV The number of sh	SHARES ares of stock is:100 shares of common stock		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTORS		
Name and	Title: Kevin Julian, President (50%) N	ame and Title:	
Address:	3003 Woodymarion Drive A	ddress:	
	Chipley, FL 32428		
		<del></del>	
Name and	ritle: Holly Julian, Vice President (50%) N	ame and Title:	
Address:	3003 Woodymarion Drive A	ddress:	
	Chipley, FL 32428		
Nia-a d'	F!41	I Tide	
Address:	Fitle:N	ame and Title:	
Addicss.	A	duress:	
			<del> </del>
		Fil	70
	REGISTERED AGENT	59	7010 OCT 27
	orida street address (P.O. Box NOT acceptable) of the	registered agent is:	2
Name:	Holly Julian	<u>57</u>	
Address:	3003 Woodymarion Drive	3.5.4.4.5.5.4.4.5.5.4.4.5.4.4.5.4.4.5.4.4.5.4.4.4.5.4	7
	Chipley, FL 32428	<u>ា</u> ញ .	(Carper S)
ARTICLE VII	INCORPORATOR	<b>戸</b> 。	
	Idress of the Incorporator is:	95 7	y C
Name:	Holly Julian		
Address:	3003 Woodymarion Drive	<i>≫</i> ` ∪	ು
	Chipley, FL 32428		
Having been nar this certificate, I	ned as registered agent to accept service of process for am familiar with and accept the appointment as register	the above stated corporation at the place d ed agent and agree to act in this capacity	'esignated in
SAM	( Jul. 00)	10/23/2010	
	Required Signature/Registered Agent Date		
V V	1day.aa o.Bumara (aBincian ) (Bailt	Date	
	ument and affirm that the facts stated herein are true Department of State constitutes a third degree felony as  -		b <b>mi</b> tted in a
CHAM	(14.1.00)	10/23/2010	
	Required Signature/Incorporator		2
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