## P10000100597

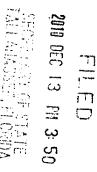
(Re	equestor's Name)	
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(City/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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Office Use Only



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T. Burch DEC 1 4 2010

## **COVER LETTER**

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

SUBJECT: Jamely & Jumpy End PROPOSED CORPORA	nomental Sewices Que		
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the article	cles of incorporation and a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy Certified Copy & Certificate of Status		
	ADDITIONAL COPY REQUIRED		
FROM: Milliam Ballance Name (Printed or typed)			
400 SW Dekle Rd Address			
LAKE City F	32025 State & Zip		
386-752 457 Daytime T	Gelephone number		
die hand Chief E-mail address: (to be used	d for future annual report notification)		

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

Division of Corporations Tallahassee Florida

November 3, 2010

To Whom It May Concern:

I am requesting that my corporation name of <u>January Indianaly</u> Be released and I do not retain the name effective immediately. Sewicer she

This is a unanimous choice by the stockholders.

Thank you,

william K. Bullmen 11/3/10

## **ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) Family & Friends Environmental Services INC NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: SW DEILIE ARTICLE III PURPOSE The purpose for which the corporation is organized is: Any & All LAWful Gurpose ARTICLE IV SHARES The number of shares of stock is: 100ARTICLE V Name and Title Name BALLANCE (Pres Name and Title: Address: 100 Dekle Rd Address: Name and Title: Name and Title: Address: Address: Name and Title: Name and Title: Address: Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: William DALLANCE Address: ARTICLE VII INCORPORATOR The name and address of the Incorporator i Name: Address: 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 Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Required Signature/Incorporator