

P110000013733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

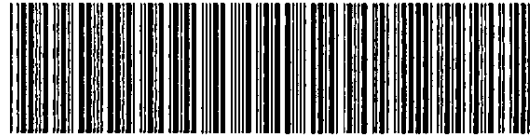
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MR 2/9

## COVER LETTER

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

SUBJECT: Property Maintenance Partners, 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: Elaine Brooks  
Name (Printed or typed)  
P.O. Box 600033  
Address  
JACKSONVILLE, FL 32260  
City, State & Zip  
904-460-2785 x13  
Daytime Telephone number  
elaine@pmpstjohns.com  
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 NAME

The name of the corporation shall be:

Property maintenance PARTNERS, inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

12058 San Jose Blvd.  
Suite 904  
Jax, FL 32223

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

repair for homes & landscape

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elaine Brooks / president  
Address: P.O. Box 600033  
Jax, FL 32260

Name and Title:  
Address:

Name and Title: Don Brooks / Vice president  
Address: P.O. Box 600033  
Jax, FL 32260

Name and Title:  
Address:

Name and Title:  
Address:

Name and Title:  
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Elaine Brooks  
Address: 12058 San Jose Blvd, Suite 904  
Jacksonville, FL 32223

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ~~Property Maintenance PARTNERS, inc.~~  
Address: 12058 San Jose Blvd, Suite 904  
Jacksonville, FL 32223

Incorporator Name  
Elaine Brooks

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

 Elaine Brooks  
Required Signature/Registered Agent

2/5/11  
Date

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.

 Elaine Brooks  
Required Signature/Incorporator

2/5/11  
Date

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TALLAHASSEE FLORIDA