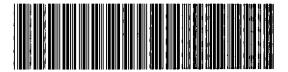
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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5/3/

COVER LETTER

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

SUBJECT: J. Michaud Contracting	INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of
	Status ADDITIONAL COPY REQUIRED
FROM: Jimmy J. Michaud	(Printed or typed)
815 Shore Breeze Way	Address
Minneola Florida 34715 City,	State & Zip
1-315 404-6111 Daytime To	elephone number
michaudaj72@gmail.com E-mail address: (to be used	n I 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 II	PRINCIPAL OFFICE		
	Principal street address	Mailing ac	ddress, if different is:
	815 Shore Breeze Way		
	Minneola, FL 34715		
ARTICLE III	PURPOSE		ar des personales de la la destrucción de la colonidada de la colonidada de la dela colonidada de la dela colo nidada de la dela colonidada del dela colonidada dela colonidada del dela colonidada dela colonidada del dela colonidada dela colonidada del dela colonidada del dela colonidada del dela colonidada del dela colonidada dela colonidada dela colonidada d
The purpose for Handy Man	which the corporation is organized is:		
Carpentry			
ARTICLE IV			
The number of sl	hares of stock is:1		
	INITIAL OFFICERS AND/OR DIRECTOR		
	Title: Jimmy Michaud President		
Address:	815 Shore Breeze Way	_ Address:	
	Minneola, FL 34715		
Name and	Title:	Name and Title:	
Address:		Address:	
Name and	Title:	Name and Title:	
Address:		Address:	
ADTICT TO UT	REGISTERED AGENT	******	
	Porida street address (P.O. Box NOT acceptable) of	the registered agent is:	NAY NAY
Name:	Jimmy Michaud		
Address:	815 Shore Breeze Way	•	2 2
	Minneola, FL 34715	•	
ARTICLE VII			~~~~
	ddress of the Incorporator is:		2: 49 CHAIR CHAIR
Name: Address:	Jimmy Michaud	•	## 19
Audress:	815 Shore Breeze Way Minneola, FL 34715		•
Having been na	med as registered agent to accept service of process	for the above stated corpo	ration at the place designated in
	am familiar with and accept the appointment as regi		
\\ <i>\ \ \ \ \ \ \ \ \ </i>	1. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		5-25-2011
// /	Required Signature/Registered Agent		<u>5-25-2011</u> Date
submit this do	cument and affirm that the facts stated herein are	true. I am aware that the	false information submitted in a
	Department of State constitutes a third degree felony		
که لد ا	1 1 ()		5-25-2011 Date
W (/ Y			