

COVER LETTER

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

SUBJECT: J. Michaud Contracting 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: Jimmy J. Michaud

Name (Printed or typed)

815 Shore Breeze Way

Address

Minneola Florida 34715

City, State & Zip

1-315 404-6111

Daytime Telephone number

michaudaj72@gmail.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

J. Michaud Contracting INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
815 Shore Breeze Way
Minneola, FL 34715

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Handy Man
Carpentry

ARTICLE IV SHARES

The number of shares of stock is:1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jimmy Michaud, President
Address: 815 Shore Breeze Way
Minneola, FL 34715

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Jimmy Michaud
Address: 815 Shore Breeze Way
Minneola, FL 34715

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jimmy Michaud
Address: 815 Shore Breeze Way
Minneola, FL 34715

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

5-25-2011
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.


Required Signature/Incorporator

5-25-2011
Date

RECEIVED OF STATE
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 MAY 27 PM 12:49

FILED