

P12000041394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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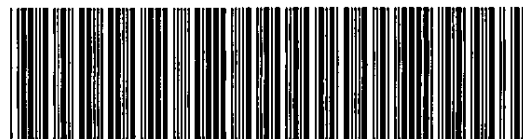
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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05/02/12--01028--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAY -2 PM 1:06

Ps 5/3/12

COVER LETTER

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

SUBJECT: Hambone's Lawn Care 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: Paul A. Ham

Name (Printed or typed)

1840 Ector Rd

Address

Jacksonville, Florida 32211

City, State & Zip

904 365-0104

Daytime Telephone number

dolphinc1840@yahoo.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Hambone's Lawn Care Inc.
The name of the corporation shall be:

12 MAY -2 PH 1:06

ARTICLE II PRINCIPAL OFFICE

Principal street address
1840 Ector Rd
Jacksonville, Florida
32211

Mailing address, if different is:
P.O. Box 8088
Jacksonville, Florida
32239-0088

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Provide lawn maintenance to customers

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paul A. Ham President
Address: 1840 Ector Rd
Jacksonville, Florida 32211

Name and Title: Paul A. Ham Vice-President
Address: 1840 Ector Rd.
Jacksonville, Florida 32211

Name and Title: Paul A. Ham Secretary
Address: 1840 Ector Rd
Jacksonville, Florida 32211

Name and Title: _____
Address: _____

Name and Title: Paul A. Ham Treasurer
Address: 1840 Ector Rd
Jacksonville, Florida 32211

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: Paul A. Ham
Address: 1840 Ector Rd
Jacksonville, Florida 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul A. Ham
Address: 1840 Ector Rd
Jacksonville, Florida 32211

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

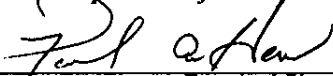


Required Signature/Registered Agent

04/30/2012

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

04/30/2012

Date