

P14000011093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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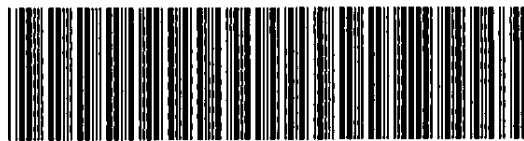
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/27/14--01010--007 **78.75

FILED
14 JAN 27 AM 7:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: JOEMARK SERVICES, 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 ☒ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph A. Chiellini
Name (Printed or typed)
2625 North Dundee Street
Address
Tampa, Florida 33629
City, State & Zip
813-299-8915
Daytime Telephone number
jchiellini@ameriscapeusa.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:

JOEMARK SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2625 North Dundee Street

Tampa, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

JoeMark Services, Inc. will provide a range of professional services related to the health, care and ongoing maintenance of trees and shrubs. Services will include full installations, trimming, pruning, removal, fertilization, pest and disease control and treatment. All services will be performed to enhance landscapes, preserve the natural environment, using the latest technologies, while adhering to green practices and stringent safety protocols.

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Joseph A. Chiellini, President & CEO**

Address

**2625 North Dundee Street
Tampa, FL 33629**

Name and Title: **Mark A. Almeda, Vice President**

Address:

**2904 Lake Stall Lane
Tampa, FL 33618**

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

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: Joseph A. Chiellini
Address: 2625 North Dundee Street
Tampa, FL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joseph A. Chiellini
Address: 2625 North Dundee Street
Tampa, FL 33629

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

1/24/14
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

1/24/14
Date

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