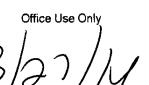
## 214000021392

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL ·
(Ві	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	·





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## **COVER LETTER**

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

ocholett	SUBJECT: JVD	LAWN	SERVICE,	INC
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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles 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 CO	

FROM:	Jean R Deliard
r KOM.	Name (Printed or typed)
;	3995 W MCNAB RD APT B206
_	Address
[	POMPANO BEACH, FL 33069
-	City, State & Zip
(	954 774 2692
_	Daytime Telephone number
<u>j</u>	borjas@gafoods.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 II PRI 3995 w mcnal	NCIPAL OFFICE Principal street address ord apt b206	Mailing address,	if different is:
pompano bea	ich, fl 33069		
ARTICLE III PUR The purpose for which t	PPOSE the corporation is organized is: to cut a	nd maintain lawns fo	or profit
			SECRITARY DIVISION OF CO
	TIAL OFFICERS AND/OR DIRECTOR		CORPURATIONS 5 PM 3: 48
Name and Title	jean r deliard/president 3995 W Mcnab Rd apt b206 Pompano Beach, Fl 33069	Name and Title:Address:	
Name and Title Address	Rebecca Deliard/Vicepresident 3995 W macnab Rd apt b206 Pompano beach, fl 33069	Name and Title:Address:	
Name and Title		Name and Title:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI The name and F	REGISTERED AGENT Torida street address (P.O. Box NOT accepta Jean R Deliard	ble) of the registered agent is:
Address:	same as above	<u></u>
ARTICLE VII	INCORPORATOR	14 MAR 25
The name and a	ddress of the Incorporator is:	PA PA
Name:	Jean r deliard	<b>ب</b> ﴾ ﴿ الله الله الله الله الله الله الله ال
Address:	same as above	——————————————————————————————————————
	am familiar with and accept the appointment	process for the above stated corporation at the place designated in as registered agent and agree to act in this capacity  03/21/2014
<del>/                                    </del>	Required Signature/Registered Ager	nt Date
	cument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
Den		03/21/2014
0	Required Signature/Incorporator	Date