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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: JOHN THE LAWN AND SONS, 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: JOHN L. SWAIN  
Name (Printed or typed)  
907 W. SILVER SPRINGS PLACE  
Address  
OCALA, FL. 34475  
City, State & Zip  
352-454-2775  
Daytime Telephone number  
YAGERTAXNOT@AOL.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: JOHN THE LAWN AND SONS, INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

907 W. SILVER SPRINGS PLACE

OCALA, FL. 34475

Mailing address, if different is:

907 W. SILVER SPRINGS PLACE

OCALA, FL. 34475

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: LAWN MAINTENANCE

**ARTICLE IV    SHARES** 1,000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JOHN L. SWAIN - PRES

Address 907 W. SILVER SPRINGS PLACE

OCALA, FL. 34475

Name and Title: FREDDIE J. SWAIN - TRES.

Address: 907 W. SILVER SPRINGS PLACE

OCALA, FL. 34475

Name and Title: JOHN L. SWAIN - DIR.

Address 907 W SILVER SPRINGS PLACE

OCALA, FL. 34475

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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TALLAHASSEE FLORIDA

(conti.)

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: JOHN L. SWAIN  
Address: 907 W. SILVER SPRINGS PLACE  
OCALA, FL. 34475

**ARTICLE VII INCORPORATOR**

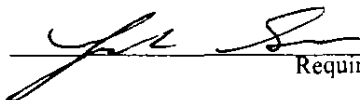
The **name and address** of the Incorporator is:

Name: JOHN L. SWAIN  
Address: 907 W. SILVER SPRINGS PLACE  
OCALA, FL. 34475

*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

*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

2-15-15  
date  
FEB 23 AM 8:46  
STATE  
TALLAHASSEE FLORIDA