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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 22 PM 12:34

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DEPARTMENT OF CORRECTIONS

15 JUL 22 PM 12:22

RECEIVED

MD 7/22

COVER LETTER

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

SUBJECT: First Class Lawn Maint 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 Weatherpoon
Name (Printed or typed)

3535 Roberts Avenue lot 251
Address

Tallahassee FL 32301
City, State & Zip

850-570-2073
Daytime Telephone number

Jclassicsw@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

The name of the corporation shall be: First class lawn maint INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is

3535 Roberts Avenue
lot 251 Tallahassee FL
32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: lawn service, any and
lawfull bussiness.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Weatherspoon P. Name and Title: _____

Address 3535 Roberts Avenue, Address: _____
Tallahassee, FL 32301

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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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 Weatherspoon
Address: 3535 Roberts Avenue
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Weatherspoon
Address: 3535 Roberts Avenue
104251 TALLAHASSEE FL 32301

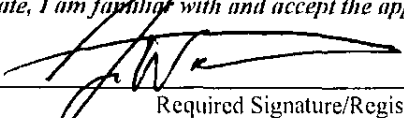
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

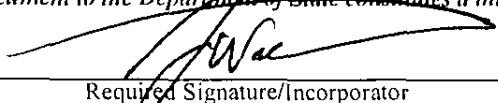
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/22/15
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

7/22/15
Date