

P15000073540

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W15-54812

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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AND  
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## COVER LETTER

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

SUBJECT: PERSONAL TOUCH RESIDENTIAL LAWN MAINTENANCE 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: JAMES JANOSKY  
Name (Printed or typed)

19912 GARDENIA DR  
Address

JUPITER FL 33469  
City, State & Zip

561-762-5665  
Daytime Telephone number

JJANOSKY215@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 14, 2015

JAMES JANOSKY  
19912 GARDENIA DR  
JUPITER, FL 33469

SUBJECT: PERSONAL TOUCH RESIDENTIAL LAWN MAINTENANCE INC.  
Ref. Number: W15000054812

We have received your document for PERSONAL TOUCH RESIDENTIAL LAWN MAINTENANCE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 315A00017216

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: PERSONAL TOUCH RESIDENTIAL LAWN MAINTENANCE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

19912 GARDENIA DR  
JUPITER FL, 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMES JANOSKY

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

Address

COMPANY OWNER

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

19912 GARDENIA DR

JUPITER FL, 33469

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

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

Address

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

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

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

Address

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

15 AUG 31 PM 1:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

APPROVED  
AND  
FILED

APPROVAL  
AND  
FILED

15 AUG 31 PM 1:22

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JAMES JANOSKY  
Address: 19912 GARDENIA DR  
JUPITER FL 33469

**ARTICLE VII INCORPORATOR**

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

Name: JAMES JANOSKY  
Address: 19912 GARDENIA DR  
JUPITER FL 33469

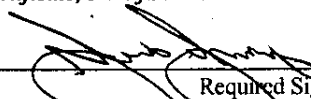
**ARTICLE VIII EFFECTIVE DATE:**

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.)

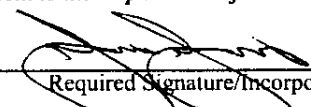
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

8/5/15  
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

8/5/15  
Date