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COVER LETTER

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

SUBJECT: JA&S	LAWN SERVICE INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
ED OL (HN A. COLLINS Nam	e (Printed or typed)	
439	0 NW 36th STREET	Address	
LA	UDERDALE LAKES, FL 33319	Address	
	City	, State & Zip	
(954	4) 709 - 1606		
	Daytime	Telephone number	
SOF	FIA.SEWELL246@GMAIL.COM		
	E-mail address: (to be use	ed for future annual report r	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)

	Principal street address	Mailing address,	if different is:
390 NW 36th STRE	ET		
AUDERDALE LAK	KES, FL 33319		
RTICLE III PURI The purpose for which	POSE the corporation is organized is:		
O CARRY ON AN	Y LEGAL BUSINESS IN THE STATE OF	FLORIDA	
			
			281V
			FON DEPT
The number of shares	RES 100 of stock is:		2
ARTICLE V INIT	IAL OFFICERS AND/OR DIRECTORS		o The
	ML OF FICERS AND/OR DIRECTORS		•
Name and Ti	IOHN A COLLINS DIRECTOR	Name and Title:	
Name and Ti	IOHN A COLLINS DIRECTOR		
	tle: JOHN A. COLLINS; DIRECTOR		
	JOHN A. COLLINS ; DIRECTOR 4390 NW 36th STREET		
	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 SOFIA S. COLLINS; DIRECTOR		
Address	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 le: SOFIA S. COLLINS; DIRECTOR 4390 NW 36th STREET	Address: Name and Title:	
Address Name and Tit	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 le: SOFIA S. COLLINS; DIRECTOR 4390 NW 36th STREET	Address: Name and Title:	
Address Name and Tit	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 le: SOFIA S. COLLINS; DIRECTOR 4390 NW 36th STREET	Address: Name and Title:	
Address Name and Tit Address	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 le: SOFIA S. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319	Address: Name and Title: Address:	
Address Name and Tit Address	JOHN A. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319 Ie: SOFIA S. COLLINS; DIRECTOR 4390 NW 36th STREET LAUDERDALE LAKES, FL 33319	Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT Porida street address (P.O. Box NOT acceptable) of the registered agent is:	
Name:	JOHN A. COLLINS		
Address:	4390 NW 36th STREET		
Addiess.	LAUDERDALE LAKES, FL 33319		
			2 ×
ARTICLE VII	<u>INCORPORATOR</u>		VISION UNA
The name and ac	ddress of the Incorporator is:		
Name:	JOHN A. COLLINS		
Address:	4390 NW 36th STREET		P 4
Address.	LAUDERDALE LAKES, FL 33319		2: 15
Effective date, if	EFFECTIVE DATE: Other than the date of filing: late is listed, the date must be specific and car	(OPTIONAl nnot be more than five days	L) prìor or 90 days after the
	e inserted in this block does not meet the applica of freetive date on the Department of State's recor		nts, this date will not be listed as
	med as registered agent to accept service of pro am familiar with and accept the appointment as		
5 Codin	2 ⁽		11/09/2016
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein Department of State constitutes a third degree fo		
50 -11i	2 (11/09/2016
Requ	ired Signature/Incorporator		Date