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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPERTAX Account Number : I20200000010 Phone : (407)777-7470 Fax Number : (321)206-9743

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION JKS LAWN CARE INC

Certificate of Status	1
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### **COVER LETTER**

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

SUBJECT:JK	S LAWN CARE INC				
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFTX)	<del></del>	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	i a check for:		
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Stams	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status  PY REQUIRED		
from: <u>J</u>	KS LAWN CARE INC	(Printed or typed)			
27	94 FALCON CREST PL				
<u>LA</u>	KE MARY, FL 32746	Address State & Zip	:	2022 F	
Daytime Telephone number			2022 FEB 23 PM		
יו	E-mail address: (to be used  NOTE: Please provide the or		C C C C C C C C C C C C C C C C C C C	PH 4: 27	

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#### ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

With the part	NCIDAL OPEROD	RE INC	122
IÇGE II PRI	INCIPAL OFFICE Principal street address	Mailino addre	ss, if different is:
A FALCON CE			sz, ir different is: 69
4 FALCON CR	KEST PL	P.O BOX 951462	ယ
KE MARY, FL 3	32746	LAKE MARY, FL 327	795
TICLE III PUI	RPOSE		
purpose for which	ch the corporation is organized is: LAND	SKEEPING AND SERVICES	F0007
			**
			<del></del>
<u> </u>			
<del></del>		<del></del>	· <del></del>
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	ADEC		
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number of shares	of stock is: 100		
number of shares	ARES of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS		26
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number of shares	of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: PATRICIA DIAZ  PRESIDENT	Name and Title:	2022 FEB 2:
number of shares  TICLE V INIT  Name and T	of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: PATRICIA DIAZ	Name and Title:	FEB 23
number of shares  TICLE V INIT  Name and T	of stock is: 100  TIAL OFFICERS AND/OR DIRECTORS  Title: PATRICIA DIAZ  PRESIDENT	Name and Title:	FEB 23 PM
number of shares  TICLE V INIT  Name and T	TIAL OFFICERS AND/OR DIRECTORS  Title: PATRICIA DIAZ  PRESIDENT  2794 FALCON CREST PL	Name and Title:	FEB 23 PM 4:
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Name and	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
The name and Fk	orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	PATRICIA DIAZ		
Address:	2794 FALCON CREST PL		20
	LAKE MARY, FL 32746	<del></del>	22 FE
ARTICLE VII	NCORPORATOR		FILED 2022 FEB 23 PM 4: 21
The name and ad	dress of the Incorporator is:		PH
Name;	PATRICIA DIAZ	<del></del>	D PM 4: 28 CTATE LIFEUMÜ
Address:	2794 FALCON CREST PL		28 MUA
	LAKE MARY, FL 32746	_	
Effective date, if of (If an effective date) Note: If the date if	EFFECTIVE DATE: other than the date of filing: the is listed, the date must be specific and can inserted in this block does not meet the applicable fective date on the Department of State's record	le statutory filing requirements, t	
Huving been nume certificate, I am fa	ed as registered agent to accept service of process miliar with and accept the appointment as regist	for the above stated corporation i ered agent and agree to act in this	s capacity
	Required Signature/Registered Agent		02/23/2022 Date
I submit this docu document to the I).	unent and affirm that the facts stated herein as epartment of State constitutes a third degree felo	re true. I am aware that the false my as provided for in s.817.155, I	F.S.
Required Signature	e/Incorporator	Date	02/23/2022