(1	(Requestor's Name)				
(Address)					
(Address)					
(1	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT ☐ MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					

Office Use Only



400398774404

12/19/22--01008--020 **87.58

2022 DEC 19 PM 4: 34 2022 DEC

7 1: 09 9: RECEIVED

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

ARTICLE 1 NAME The name of the corporation	on shall be: JARES FLETEH	ER PLUMBING C	<u> OR PORKTION</u>
ARTICLE II PRINCI P PARK AVE.		Mailing addr	ess. it different is: Ave Ste#44 -ity, FL 3240)
ARTICLE III PURPOS The purpose for which th	SE e corporation is organized is:	and all law	url business
ARTICLE IV SHARE The number of shares of s ARTICLE V INITIA	1. OFFICERS AND/OR DIRECTORS Hichael J Fletcher	ideat Name and Title:	
Address	1301 Beck Ave #44	Address:	
	Parama City, FL 3240		
Name and Title:			
Address			
			2022 DEC SECHETA
Name and Title:		Name and Title:	250 p
Address			
		<u> </u>	

Name and Titl	c:	Name and Title:	
Address		Address:	
			
ARTICI.E VI REG	ISTERED AGENT a street address (P.O. Box NOT acceptable)	of the registered agent is:	
	Lichael J Fretcher		
Address:	301 Beck Ave # 44	_ 	
F	City FL SZ401		
ARTICLE VII INC	ORPORATOR		
The name and address	ss of the Incorporator is:		
Name:	Michael J Flatcher	<u></u>	
Address:	1301 Beck Ave 44		
	Panne City, FL 324	101	
(If an effective date filing.)	er than the date of filing: 11/202 is listed, the date must be specific and can	not be more than live day	s prior or 30 days after the
Note: If the date inst the document's effect	erted in this block does not meet the applical tive date on the Department of State's record	ble statutory filing requirends.	nents, this date will not be listed as
Having heen named certificate, I am fami	as registered agent to accept service of proces liar with and accept the appointment as regis	ss for the above stated corpo stered agent und agree to ac	ration at the place designated in this tin this tin this capacity
Hilm	Required Signature/Registered Agent		12/17/22
	• •		Date
I submit this docum document to the Dep	ent and affirm that the facts stated herein o artment of State constitutes a third degree fe	ire true. I am aware that t lony as provided for in s.81	he false information submitted in a 7.155, F.S.
H ish	1 1 Steple		12/17/22
Required Signature/	icorporator		Date Date
			AH 19
			ASSE TO THE
			PH 4: 3 OF STA
			一品。