Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : TAX SAVERS
Account Number : I20150000107
Phone : (941)625-1925

Fax Number : (941)625-1526

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

Email Address: john@comeauandsonmowing.com

FLORIDA PROFIT/NON PROFIT CORPORATION

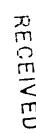
John Comeau and Son Mowing Service Inc

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Electronic Filing Menu

Corporate Filing Menu

Help



ARTICLES OF INCORPORATION

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

The name of the corp	ME oration shall be: JOHN COMEAU	J AND SON I	MOWING SERVICE INC
ARTICLE II PRI	NCIPAL OFFICE Principal street address		failing addrawn if different in
23260 MCNAMI		 -	Mailing address, if different is:
PORT CHARLO		-	ICNAMEE AVE
		PORTC	CHARLOTTE, FL 33980
ARTICLE III PUR The purpose for which	$\frac{RPOSE}{RPOSE}$ th the corporation is organized is: $\frac{ANY}{RPOSE}$	AND ALL L	AWFUL BUSINESS
		-	
	ARES of stock is: 100 FIAL OFFICERS AND/OR DIRECTORS		
Name and T	itle: JOHN R COMEAU	Name and Title:	JASON M COMEAU
Address	PRESIDENT	Address: _	VICE PRESIDENT
	23260 MCNAMEE AVE	_	23260 MCNAMEE AVE
	PORT CHARLOTTE, FL 33	980	PORT CHARLOTTE, FL 33980
Name and Tit	ile:	Name and Title:_	
Address		Address:	
		 -	
		 -	70W EEC.
Name and Tit	le:	Name and Title:_	
Address		Address:	
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Name and	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	ra
Name:	orida street address (P.O. Box NOT acceptable) of JOHN R COMEAU	if the registered agent is:
		_
Address:	23260 MCNAMEE AVE	
	PORT CHARLOTTE, FL 33980	_
ARTICLE VII	INCORPORATOR	
	dress of the Incorporator is:	
Name:	JOHN R COMEAU	
Address:	23260 MCNAMEE AVE	-
	PORT CHARLOTTE, FL 33980	_
Effective date, if (If an effective data filing.)		ot be more than five days prior or 90 days after the
Note: If the date the document's ef	inserted in this block does not meet the applicable fective date on the Department of State's records	e statutory filing requirements, this date will not be listed as
Having been name certificate, I am fa	miliar with and accept the appointment as registe	for the above stated corporation at the place designated in this red agent and agree to act in this capacity
John !	Coman	<u>DECEMBER, 9 2024</u>
0	Required Signature/Registered Agent	Date
I submit this docu document to the D	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felor	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.
Required Signatur	P/Incorporator	DECEMBER, 9 2024