Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

P25000001190

1.3.25

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000001946 3)))

H25000019463ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

RECEIVED
2025 JAN -2 PM 4:30
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
JAMES CONTRACTORS GROUP, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$78.75

FILED
25 JAN -2 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

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: JAMES CONTRACTORS GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4528 ADDERTON AVE
NORTH PORT, FL 34288

Mailing address, if different is:
4528 ADDERTON AVE
NORTH PORT, FL 34288

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HECTOR COLOMAR LOPEZ
Address: PRESIDENT
4528 ADDERTON AVE
NORTH PORT, FL 34288

Name and Title: JESUS A. FERNANDEZ CACHON
Address: VIC-PRESIDENT
4528 ADDERTON AVE
NORTH PORT, FL 34288

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

FILED
SECRETARY OF STATE
2015 JAN -2 AM 7:05

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

ARTICLE VI REGISTERED AGENT

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

Name: HECTOR COLOMAR LOPEZ

Address: 4528 ADDERTON AVE

NORTH PORT, FL 34288

FILED
25 JAN -2 AM 7:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII. INCORPORATOR

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

Name: HECTOR COLOMAR LOPEZ

Address: 4528 ADDERTON AVE

NORTH PORT, FL 34288

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 days prior or 90 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

_____ 01/02/2025

Required Signature/Registered Agent 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.

_____ 01/02/2025

Required Signature/Incorporator Date