

Florida Department of State

P25000003939
Division of Corporations
Electronic Filing Cover Sheet

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

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516)813-1184
Fax Number : (516)935-3088

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

Email Address: gb@castaldocpa.com

FLORIDA PROFIT/NON PROFIT CORPORATION

JQ LAWN CARE INC

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

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2025 JAN 23 AM 10:11

STATE OF FLORIDA
DIVISION OF CORPORATIONS

SECRETARY OF STATE
JAN 22 PM 3:19

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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: JQ LAWN CARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2341 CLEARWATER RUN
THE VILLAGES, FL 32162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscaping and Lawncare

ARTICLE IV SHARES

The number of shares of stock is: 1500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL QUATTALARO - President/Director Name and Title: _____

Address: 145 CHERRY LANE Address: _____
MEDFORD, NY 11763 _____

Name and Title: ROBERT H. JOHNSON JR - President/Director Name and Title: _____

Address: 145 CHERRY LANE Address: _____
MEDFORD, NY 11763 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2025 JAN 22 PM 3:10
JQ LAWN CARE INC
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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

Name: PATRICIA MADDEN _____

Address: 2341 CLEARWATER RUN _____

THE VILLAGES, FL 32162 _____

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: MICHAEL QUATTALARO _____

Address: 145 CHERRY LANE _____

MEDFORD, NY 11763 _____

ARTICLE VIII EFFECTIVE DATE:

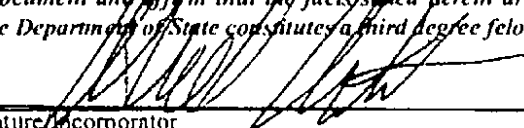
Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:*

Required Signature/Registered Agent

PATRICIA MADDEN

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.

Required Signature/Incorporator

MICHAEL QUATTALARO

January 9, 2025

Date

January 9, 2025

Date

FILE
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