

P11000038375

(Requestor's Name)

(Address)

(Address)

(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



800202270728

04/18/11--01055--005 \*\*78.75

FILED  
11 APR 18 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W11-21955

MD 4/21

**COVER LETTER**

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

SUBJECT: BARBARA THORNTON FULL SERVICE LAWN CARE CO.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

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

FROM: BARBARA A. THORNTON  
Name (Printed or typed)

10314 ARMADILLO CT.  
Address

NEW PORT RICHEY, FL. 34654  
City, State & Zip

727-819-8808  
Daytime Telephone number

CRYSTALS3@TAMPABAY.RR.COM  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 19, 2011

BARBARA A. THORNTON  
10314 ARMADILLO CT.  
NEW PORT RICHEY, FL 34654

SUBJECT: BARBARA THORNTON FULL SERVICE LAWN CARE CO.  
Ref. Number: W11000021955

We have received your document for BARBARA THORNTON FULL SERVICE LAWN CARE CO. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 811A00009514

**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: BARBARA THORNTON FULL SERVICE LAWN CARE CO.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10314 ARMADILLO CT.  
NEW PORT RICHEY FL. 34654

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LAWN CARE, PROFESSIONAL CORPORATION

FILED  
11 APR 18 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BARBARA THORNTON  
Address: PRES.  
10314 ARMADILLO CT.  
NEW PORT RICHEY FL 34654

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: BARBARA THORNTON  
Address: 10314 ARMADILLO CT  
NEW PORT RICHEY, FL. 34654

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BARBARA THORNTON  
Address: 10314 ARMADILLO CT.  
NEW PORT RICHEY, FL 34654

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

Barbara Thornton  
Required Signature/Registered Agent

4/13/2011  
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.

Barbara Thornton  
Required Signature/Incorporator

4/13/2011  
Date