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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 SEP 19 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Burch SEP 20 2011

COVER LETTER

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

SUBJECT: B Total Lawn Care, Inc.

(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Brian B. Goebel

Name (Printed or typed)

P.O. Box 1214, 2040 Holly Hammock Rd.

Address

DeLeon Springs, FL 32130

City, State & Zip

386-734-0845

Daytime Telephone number

charmckenzie7@yahoo.com

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME B Total Lawn Care, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2040 Holly Hammock Rd.
DeLeon Springs, FL 32130

Mailing address, if different is:
P.O. Box 1214
DeLeon Springs, FL 32130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may transact any and all lawful business for which corporations may be incorporated under the Florida General Corporation act.

2011 SEP 19 PM 4:37
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TALLAHASSEE, FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian B. Goebel, President
Address: P.O. Box 1214
DeLeon Springs, FL 32130

Name and Title: Brian B. Goebel, Treasurer
Address: P.O. Box 1214
DeLeon Springs, FL 32130

Name and Title: Brian B. Goebel, V. President
Address: P.O. Box 1214
DeLeon Springs, FL 32130

Name and Title: _____
Address: _____

Name and Title: Brian B. Goebel, Secretary
Address: P.O. Box 1214
DeLeon Springs, FL 32130

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: Charlene H. McKenzie
Address: 2030 Holly Hammock Rd.
DeLeon Springs, FL 32130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian B. Goebel
Address: 2040 Holly Hammock Rd.
DeLeon Springs, FL 32130

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

Charlene H. McKenzie

Required Signature/Registered Agent

9/15/11

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.

Brian B. Goebel

Required Signature/Incorporator

9/15/11

Date