

P14000069665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

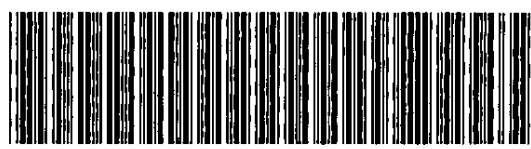
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status

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2014 AUG 15 AM 11:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

**SUBJECT: R&R LANDSCAPING COMPANY**  
**(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**

**FROM: Norita C. Yzaguirre**  
Name (Printed or typed)

**351 Ethel Frank Ct**  
Address

**Immokalee, Florida 34142**  
City, State & Zip

**239-503-4107**  
Daytime Telephone number

**noritayzaguirre@semtribe.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**

The name of the corporation shall be:

**R&R LANDSCAPING COMPANY**

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**351 ETHEL FRANK CT**  
**IMMOKALEE, FLORIDA 34142**

Mailing address if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**for Lawn Care services.**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title:

**Norita C Yzaguirre, Owner**

Name and Title:

Address

**351 Ethel Frank Ct**  
**Immokalee, FL. 34142**

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: Norita C Yzaguirre

Address: 351 Ethel Frank Ct.  
Immokalee, FL 34142


**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

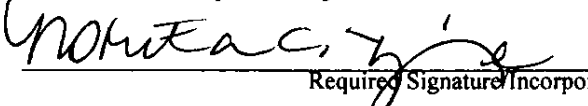
Name: Norita C Yzaguirre

Address: 351 Ethel Frank Ct  
Immokalee, FL 34142

*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*

 08/01/2014  
 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.*

 08/01/2014  
 Required Signature/Incorporator Date