

P17000098503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

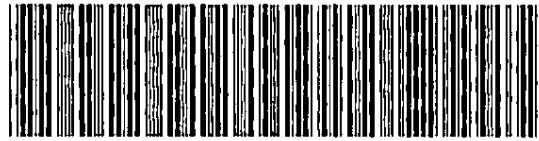
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/12/17--01016--013 **78.75

DEC 14 2017

K. Brumbley

COVER LETTER

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

SUBJECT: SWALLOWTAIL LAWN AND LANDSCAPE CONSULTING 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

FROM: SHAWN BOSCHERT
Name (Printed or typed)

954 SCENIC VIEW CIRCLE
Address

MINNEOLA FL. 34715
City, State & Zip

(352) 459-6818
Daytime Telephone number

SWALLOWTAILLAWNANDLANDSCAPE@GMAIL.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: SWALLOWTAIL LAWN AND LANDSCAPE CONSULTING Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

954 SCENIC VIEW CIRCLE
MINNEOLA, FL. 34715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE A LAWN AND LANDSCAPE CONSULTING SERVICE WHICH WILL INCLUDE CONSULTATION, DESIGN AND INSTALLATION OF LAWN AND LANDSCAPES.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHAWN BOSCHERT - PRESIDENT Name and Title: _____

Address 954 SCENIC VIEW CIRCLE Address: _____
MINNEOLA FL. 34715

Name and Title: REBECCA BOSCHERT - V. P. Name and Title: _____

Address 954 SCENIC VIEW CIRCLE Address: _____
MINNEOLA, FL. 34715

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: REBECCA BOSCHERT
Address: 954 SCENIC VIEW CIR
MINNFOLA, FL. 34715

ARTICLE VII INCORPORATOR

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

Name: SHAWN BOSCHERT
Address: 954 SCENIC VIEW CIR.
MINNFOLA, FL. 34715

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1-1-18 (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.)

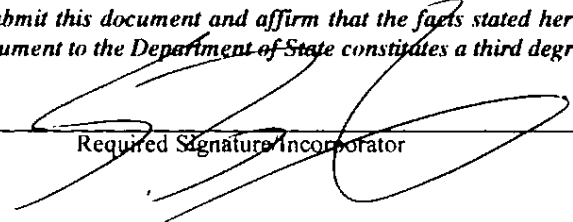
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

12-6-2017
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.


Required Signature/Incorporator

12-6-2017
Date