

P11000038375

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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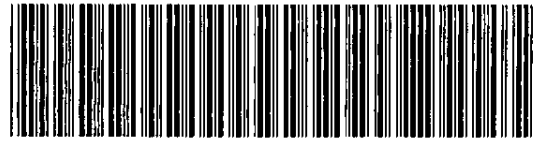
(Business Entity Name)

(Document Number)

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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

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

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

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TALLAHASSEE, FLORIDA