

N18000004170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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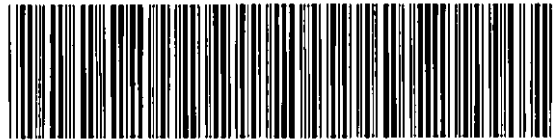
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Gary Lawn Service - INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Gary Hall
Name (Printed or typed)

1209 Walker Spring Rd.
Address

Monticello FLA. 32344
City, State & Zip

(850) 363-4598
Daytime Telephone number

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

Gary Lawn Service I.N.C

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1209 Walker Spring Rd.
Monticella FLA. 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Prevention Reentry and Mentoring.
Teaching A Lawn Manicuring Skill as a trade for a
Segment of Unemployable Citizens.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Will be Elected by Gary Lawn Service -

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gary Hall C-E-O Name and Title: _____

Address: 1209 Walker Spring Rd. Address: _____
Monticella FLA. 32344

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 16 AM 11:18

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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: Gary A. Hall
 Address: 1209 Walker Spring Rd.
Monticello FLA. 32344

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gary Hall
 Address: 1209 Walker Spring Rd.
Monticello Fla. 32344

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Gary A. Hall
 Required Signature of Registered Agent

4/16/2018
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

[Signature]
 Required Signature of Incorporator

 Date

I Gary Hall
Do not wish To use Gary Lawn
Service Are - N160000007625

Thank You Gary Hall

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TALLAHASSEE FLORIDA