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# Florida Department of State

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To:

Division of Corporations

Fax Number

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From:

Account Name : CAPITAL CONNECTION, INC.

Account Number : 120000000257 Phone : (850)224-897

Phone : (850)224-8870 Fax Number : (850)222-1222 SECRETARY OF STATE DIVISION OF CORPORATIONS

# FLORIDA PROFIT CORPORATION OR P.A.

4 Season Lawn Services, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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# ARTICLES OF INCORPORATION

OF



#### 4 Season Lawn Services, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is 4 Season Lawn Services, Inc.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 16808 Harrierridge Place, Lithia, FL 33547.

#### ARTICLE HI: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one thousand (1,000) shares having a par value of (\$1.00) per share.

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## ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is steve Simmons, 16808 Harrierridge Pl., Lithia, FL 33547.

#### ARTICLE V: INCORPORATOR

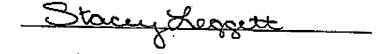
The name and address of the incorporator of these Articles of Incorporation is Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### ARTICLE VI: INITIAL BOARD OF DIRECTORS

The name and address of each member of the initial Board of Directors of the corporation is President/ Treasurer: Steve Simmons, Vice-President/ Secretary: Yolanda Simmons, Harrierridge Pl., Lithia, FL 33547.

The undersigned has executed these Articles of Incorporation this 31st day of May 2001.

"Capital Connection, Inc. by Stacey Legget, Client Representative"



\_CAPITAL CONNECTION

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CAPITAL CONNECTION

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#### CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

i. The num	e of the corporation	TNC	4 9	EASON	Lav	บท
2. The nam	e and street	addroce of	the regist	ered agen	t and c	office
		Lithia,	f <u>L</u>	335	47	

HAVE BEEN NAMED AS REGISTERED AGENT-AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN This Certificate, I hereby accept the appointment as registered AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.