

TRANSMITTAL LETTER

P01000068267

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

SUBJECT: NATURAL FLORIDA LANDSCAPES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700004463887--5
-07/09/01--01045--008
*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

JOE JAMES

Name (Printed or typed)

129 SOUTH SHADE AVE.

Address

SARASOTA, FL 34237

City, State & Zip

(941) 954-1460

Daytime Telephone number

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

T. Burch

JUL 11 2001

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:

NATURAL FLORIDA LANDSCAPES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

129 SOUTH SHADE AVE.
SARASOTA, FL. 34237

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LANDSCAPE DESIGN AND INSTALLATION

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

JOSEPH PAUL JAMES
129 SOUTH SHADE AVE.
SARASOTA, FL 34237

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

JOSEPH PAUL JAMES
129 SOUTH SHADE AVE.
SARASOTA, FL 34237

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


Signature/Registered Agent

JULY 6/01
Date


Signature/Incorporator

JULY 6/01
Date