

P02000115379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

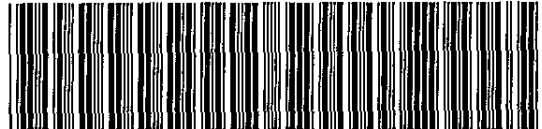
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
02 OCT 28 AM 11:29
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
AM 11:33

g/10/2

TRANSMITTAL LETTER

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

SUBJECT: Southern Sapes Landscaping
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Brian Desilets
Name (Printed or typed)

4309 Kimmer Row Rd
Address

Tallahassee Florida 32309
City, State & Zip

893-6996
Daytime Telephone number

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:

Southern Scapes Landscaping inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4309 Kimmer Rowe Rd Tallahassee FL 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Brian Desilets 4309 Kimmer Rowe Rd Tall FL 32309
President

ARTICLE VI REGISTERED AGENT

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

Brian Desilets 4309 Kimmer Rowe Rd Tall FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Brian Desilets 4309 Kimmer Rowe Rd Tall. FL 32309

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

Brian Desilets

Signature/Registered Agent

10/28/02

Date

Brian Desilets

Signature/Incorporator

4309 Kimmer Rowe Rd

Tall FL 32309

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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