

P62000134729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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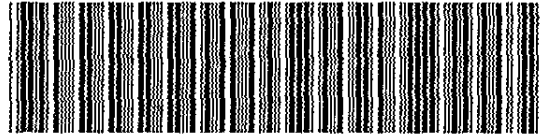
(Business Entity Name)

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TALLAHASSEE, FLORIDA
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CB 12-27

TRANSMITTAL LETTER

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

SUBJECT: GULF COAST HOME AND CONDO WATCH AND LANDSCAPE CARE INC.
(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: NANCY ELLEN LAMBERT
Name (Printed or typed)

648 100TH AVENUE^N
Address

NAPLES, FLORIDA 34108
City, State & Zip

(239) 513-2019
Daytime Telephone number

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

Nancy Lambert GAVE
AUTHORIZATION BY PHONE TO
CORRECT Shares & Title
DATE 12-27-02
DOC. EXAM CB

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:

GULF COAST HOME AND CONDO WATCH AND
LANDSCAPE CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

648 100TH AVENUE N
NAPLES, FLORIDA 34108

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE A SERVICE FOR ABSENTEE
HOME AND CONDO OWNERS

ARTICLE IV SHARES

The number of shares of stock is:

ONE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

NANCY ELLEN SHREVE LAMBERT, P

648 100TH AVENUE N
NAPLES, FLORIDA 34108

ARTICLE VI REGISTERED AGENT

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

NANCY ELLEN SHREVE LAMBERT
648 100TH AVENUE N
NAPLES, FLORIDA 34108

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NANCY ELLEN SHREVE LAMBERT
648 100TH AVENUE N
NAPLES, FLORIDA 34108

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

Nancy Ellen Lambert

Signature/Registered Agent

12-17-02

Date

Nancy Ellen Lambert

Signature/Incorporator

12-17-02

Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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