

PD3000079642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status ☒

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7-21-03  
[Signature]

## TRANSMITTAL LETTER

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

SUBJECT: A Division 1 Company  
(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: Andrew O. Sorrow  
Name (Printed or typed)

16059 East Gold Cup Drive  
Address

Loxahatchee, Florida 33470  
City, State & Zip

561-792-3002  
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:

A Division 1 Company

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

16059 East Gold Cup Drive  
Loxahatchee, Florida 33470

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To perform lawn care and pest control services for residential, commercial, and governmental properties for profit

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 shares

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Andrew O. Sorrow, President  
16059 E. Gold Cup Dr.  
Loxahatchee, Florida 33470

**ARTICLE VI REGISTERED AGENT**

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

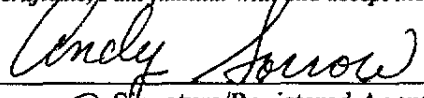
Andrew O. Sorrow  
16059 East Gold Cup Drive  
Loxahatchee, Florida 33470

**ARTICLE VII INCORPORATOR**

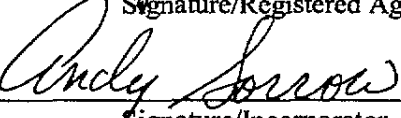
The name and address of the Incorporator is:

Andrew O. Sorrow  
16059 East Gold Cup Drive  
Loxahatchee, Florida 33470

\*\*\*\*\*  
*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

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date

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TALLAHASSEE, FLORIDA