

P03000094988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

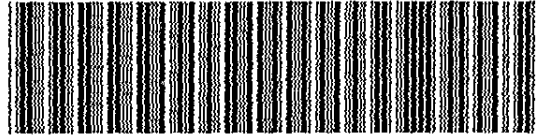
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF NEW YORK
JULIA A. GALE

✓

~~11-3-25171~~
52 8-20

TRANSMITTAL LETTER

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

SUBJECT: OAKLEY'S LAWN 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: DEAN A. OAKLEY

Name (Printed or typed)

600 NORTH COVERED BRIDGE ROAD, UNIT #4

Address

JACKSONVILLE, FLORIDA 32259

City, State & Zip

904-307-6163

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

August 14, 2003

DEAN A. OAKLEY
600 N COVERED BRIDGE RD
UNIT 4
JACKSONVILLE, FL 32259

SUBJECT: OAKLEY'S LAWN CARE, INC.
Ref. Number: W03000023151

We have received your document for OAKLEY'S LAWN CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 703A00046374

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:
OAKLEY'S LAWN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
600 NORTH COVERED BRIDGE ROAD, UNIT #4
JACKSONVILLE, FLORIDA 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DEAN A. OAKLEY-OWNER
600 NORTH COVERED BRIDGE ROAD, UNIT #4
JACKSONVILLE, FLORIDA 32259

ARTICLE VI REGISTERED AGENT

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

DEAN A. OAKLEY
600 North Covered Bridge Road, Unit 4
JACKSONVILLE, Florida 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DEAN A. OAKLEY
600 NORTH COVERED BRIDGE ROAD, UNIT #4
JACKSONVILLE, FLORIDA 32259

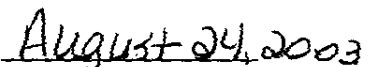
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Signature/Incorporator


Date

AUGUST 7, 2003
Date

FILED
03 AUG 29 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA