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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: Allen Lawn Care Inc.,  
(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: Deborah Allen  
Name (Printed or Typed)

442 N. Wabash Ave.  
Address

Lakeland, FL 33815  
City, State Zip

863-802-4678  
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.*

### ARTICLE I      NAME

The name of the corporation shall be:

Allen Lawn Care Inc.,

### ARTICLE II      PRINCIPAL OFFICE

The principal place of business and mailing address if this corporation shall be:

442 N. Wabash Ave.  
Lakeland, FL 33815

### ARTICLE III      SHARES

The number of share that this corporation is authorized to have outstanding at any one time shall be:

5000

### ARTICLE IV      INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

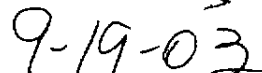
Melody M. Dennis  
442 N. Wabash Ave.  
Lakeland, FL 33815

### ARTICLE V      INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Deborah Allen  
950 Keen Ct.  
Lakeland, FL 33815

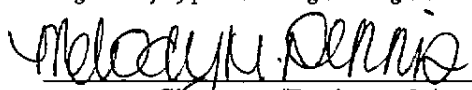
  
Signature/Incorporator

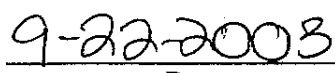
  
Date

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(An additional article must be added if an effective date is requested.)

*Having been named as registered agent and to accept service of proceed for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
Signature/Registered Agent

  
Date