

P04000030440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

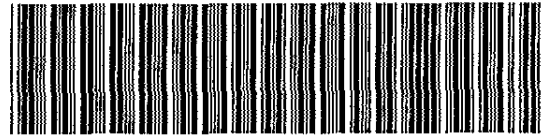
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TALLAHASSEE, FLORIDA

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2/16  
R

## TRANSMITTAL LETTER

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

SUBJECT: Blessed Lawn Service 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:

DONALD L. SANDIS  
Name (Printed or typed)

P. O. Box 693  
Address

QUINCY FL, 32353  
City, State & Zip

H-875-1370 <sup>day</sup> C-445-8217  
Daytime Telephone number

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: *Blessed  
Lawn Care Service INC,*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*P.O. Box 693 Quincy  
FLA, 32353*

## 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):

*Donald R. Sanders P.O. Box 693 Quincy  
FLA, 32353  
President*

## ARTICLE VI REGISTERED AGENT

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

*251 Old Phil. Church Rd,  
Quincy FLA, 32353*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Donald Rax Sanders  
P.O. Box 693 Quincy FLA, 32353*

\*\*\*\*\*

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

*Donald R. Sanders*

Signature/Registered Agent

*2-16-04*  
Date

*Donald R. Sanders*

Signature/Incorporator

*2-16-04*  
Date

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STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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