

PU400030989

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(Address)

(Address)

(City/State/Zip/Phone #)

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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: Bermudez Landscaping, 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: Hector Bermudez  
Name (Printed or typed)

7117 SW Archer Road, #2630  
Address

Gainesville, FL 32608  
City, State & Zip

\_\_\_\_\_  
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:

Bermudez Landscaping, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7117 SW Archer Road, # 2630  
Gainesville, FL 32608

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Landscaping and Patio installation

## ARTICLE IV SHARES

The number of shares of stock is:

1,000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Hector Bermudez (President)  
7117 SW Archer Road, # 2630  
Gainesville, FL 32608

## ARTICLE VI REGISTERED AGENT

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

Mark J. Fraser, Attorney at Law  
5847 SW 91st Terrace, Suite A  
Gainesville, FL 32608

## ARTICLE VII INCORPORATOR

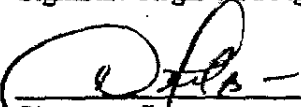
The name and address of the Incorporator is:

Hector Bermudez  
7117 SW Archer Road, # 2630  
Gainesville, FL 32608

\*\*\*\*\*  
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

2/6/04  
\_\_\_\_\_  
Date

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

1-28-04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA