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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Coples	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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(y)

TRANSMITTAL LETTER

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

SUBJECT: WIN	-WIN LAWN CARE, INC.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
FA 470.00	D ean as	D 070 75	Theoreo	
☑ \$70.00 Filing Fee	☐ \$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
			& Certificate of Status	
		ADDITIONAL CO		
FROM: D	OUG BARTON			
FROM.		e (Printed or typed)		3
	PO BOX 4661			
		Address		•
	WINTER PARK, FL 3279	3		
		, State & Zip		+ × × * 2
	407-579-0191		•	
	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: WIN-WIN LAWN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

PHYSICAL ADDRESS: 328 EAST HIGHLAND STREET, ALTAMONTE SPRINGS, FL 32701 MAILING ADDRESS: PO BOX 4661, WINTER PARK, FL 32793

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWN MAINTENANCE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES WITH A PAR VALUE OF \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

DOUG BARTON, PRESIDENT 328 EAST HIGHLAND STREET, ALTAMONTE SPRINGS, FL 32701

ARTICLE VI REGISTERED AGENT

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

DOUG BARTON, 328 EAST HIGHLAND STREET, ALTAMONTE SPRINGS, FL 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DOUG BARTON, 328 EAST HIGHLAND STREET, ALTAMONTE SPRINGS, FL 32701

**************	*********
Having been named as registered agent to accept service of process for certificate _k I am fam <u>ili</u> ar with and accept the appointment as registered a	
Dor Basts	2/20/4
Signature/Registered Agent	Date
Signature/Incorporator	

04 FEB 24 PH 4: SECRETARY CESTA