

POS 000004425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

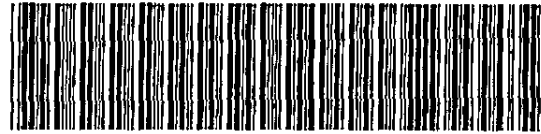
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
OFFICE  
TALLAHASSEE, FLORIDA  
05-07-01 1:12

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1-10

## TRANSMITTAL LETTER

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

SUBJECT: Excel Lawn & Landscape, 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  
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: Harold B Lovelace III  
Name (Printed or typed)

6170 Brabrook Ave  
Address

Grant, FL 32949  
City, State & Zip

321-409-9053  
Daytime Telephone number

05 JUN -7 PM 1:12  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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:

Excel Lawn & Landscape, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6170 Brabrook Ave  
Grant Fl 32949

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Anything within the Legal Laws

### 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):

Harold B Lovelace III  
6170 Brabrook Ave  
Grant Fl 32949

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Harold B Lovelace III  
6170 Brabrook Ave  
Grant Fl 32949

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Harold B Lovelace III  
6170 Brabrook Ave  
Grant Fl 32949

\*\*\*\*\*

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

120 ~ ~ ~

Signature/Registered Agent

1-1-05

Date

120 ~ ~ ~

Signature/Incorporator

1-1-05

Date

FILED  
05 JAN -7 PM 1:12  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA