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TRANSMITTAL LETTER

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

SUBJECT: MA	INSCAPE NURSE	RY & LANDSO	ADE, INC
•	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Jamaal Ande Name 1326 Arb		
	Jacksonville City		

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

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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: NUNSERY & LANDSCAPE INC MAINSCAPE <u>ARTICLE II PRINCIPAL OFFICE</u> The principal place of business/mailing address is: 8182 Alderman Road Jacksonville, Florida 32211 ARTICLE III PURPOSE The purpose for which the corporation is organized is: Horticultural Services 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): president - Steve Brightwell Vice President - Jamaal Anderson REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Jamaal Anderson 7326 Arble Drive Jacksonville FL 3221/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Steve Brightwell 8182 Alderman Road Jacksonville Plovida 32211 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