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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2005 JUL - 1 PM 3:39

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cf 7/5/05

TRANSMITTAL LETTER

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

FILED

2005 JUL -1 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SUBJECT: Sunshine Landscape Maintenance, 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: David Hood

Name (Printed or typed)

17403 S. Dixie Hwy

Address

Miami, Fl. 33157

City, State & Zip

305-252-6642

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:

Sunshine Landscape Maintenance, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

17403 S. Dixie Hwy. Miami, Fl. 33157

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Property Maintenance

**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):

David Hood, President

Ivan Yumet, Vice President

Waldo Munoz, Treasurer

**ARTICLE VI REGISTERED AGENT**

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

David Hood 17403 S. Dixie Hwy Miami, Fl. 33157

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David Hood 17403 S. Dixie Hwy Miami, Fl. 33157

\*\*\*\*\*

*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

6-24-05  
\_\_\_\_\_  
Date

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

6-24-05  
\_\_\_\_\_  
Date

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA