P050001034510

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





000057587500

07/22/05--01006 Occ **16.13

2005 JUL 22 PM 3: 2:

7/25/05

TRANSMITTAL LETTER

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

SUBJECT:

Buttonwood Landscape Services, Inc.

2005 JUL 22 PM 3: 28
TALLAHASSEE FLORIDA

	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
nclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee	☑ \$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate o Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Regan E. Lolly	e (Printed or typed)	
* Mail -	P.O. Box 990302, N	Janks Fl. 341	16
, m. 1.	144 Palmyiew Drive	7.5,	•
		Address	
	Naples, FL 34110		
•	City	, State & Zip	
	(239) 825-0427		
•	Daytime 1	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:

BUTTONWOOD LANDSCAPE SERVICES, INC.

FILEL

2005 JUL 22 PM 3: 28

JEUNE MARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

144 Palmview Dr.

P.O. Box 990302

Naples, FL 34110

Naples, FL 34116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 10.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Regan E. Lolly

President

P.O. Box 990302

Naples, FL 34116

ARTICLE VI REGISTERED AGENT

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

Regan E. Lolly 144 Palmview Dr. Naples, FL 34110

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Regan E. Lolly

P.O. Box 990302, Naples, FL 34116

*************	**********
Having been named as registered agent to accept service of process for the abo certificate, I am familiar with and accept the appointment as registered agent and	ve stated corporation at the place designated in this I agree to act in this capacity
	July 19, 2005
Signature/Segistered Agent	Date
	July 19, 2005
Signature/Incorporator	Date