

P05000/65854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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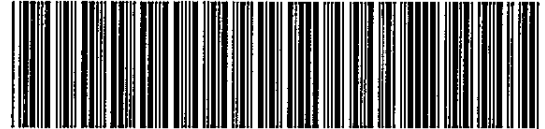
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: True Cut Lawn Care and Landscaping Corp
(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: William T. VanPloennies
Name (Printed or typed)

180 Melbourne Ave
Address

Merritt Island FL, 32953
City, State & Zip

(321) 591-5086
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:

True Cut Lawn Care and Landscaping Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

180 Melbourne Ave Merritt Isl, FL 32953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN CARE AND LANDSCAPING

ARTICLE IV SHARES

The number of shares of stock is:

100,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William T VonPloennies Owner/Operator
180 Melbourne Ave Merritt Island, FL 32953

ARTICLE VI REGISTERED AGENT

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

William T VonPloennies 180 Melbourne Ave
Merritt Island FL 32953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William T VonPloennies
180 Melbourne Ave Merritt Island FL, 32953

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

William T VonPloennies
Signature/Registered Agent

12-18-05
Date

William T VonPloennies
Signature/Incorporator

12-19-05
Date

William T. VonPloennies

FILED
05 DEC 21 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA