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(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/1/06

TRANSMITTAL LETTER

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

SUBJECT: ROCKS OF MOTHER EARTH 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:

Tom PUGNO

Name (Printed or typed)

P.O. Box 129

Address

Rockway, MI 48173-0129

City, State & Zip

(734) 379-5000

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:

ROCKS OF MOTHER EARTH INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13300 FORT KING RD, DADE CITY, FL 33526

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LANDSCAPE CONTRACTOR

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAMES HENDERSON PRES. 13300 FORT KING RD
JEFFREY HENDERSON SEC DADE CITY, FL 33526

ARTICLE VI REGISTERED AGENT

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

THOMAS PUGNO
13300 FORT KING RD, DADE CITY, FL 33526

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS PUGNO
P.O. Box 129, ROCKWOOD TN 37087-0129

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

Signature/Incorporator

Date

Date

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06 JAN 27 PM 3:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA