

PO6000049427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

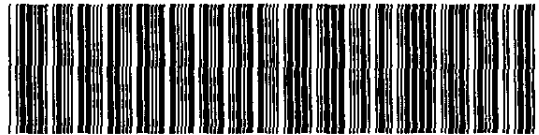
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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04/06/06--01030--013 **78.75

SEC. CLERK OF STATE
TALLAHASSEE, FLORIDA

06 APR -6 PM12:20

LEAD

CLERK OF STATE
TALLAHASSEE, FLORIDA

06 APR -6 PM12:14

RECEIVED

B. McKnight APR 06 2006

COVER LETTER

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

SUBJECT: Covenant Outdoor Services 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: Sharron F. Lyons
Name (Printed or typed)

3240 Lord Murphy Tr
Address

Tallahassee FL 32309
City, State & Zip

850-668-9780
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:

Covenant Outdoor Services Inc,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3240 Lord Murphy Trail Tallahassee, Florida 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Performing miscellaneous outdoor services; gutter tie-in systems, laying sod.

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):

Sharron F. Lyons 3240 Lord Murphy Trail Tallahassee, Florida - President

Harold Lyons 3240 Lord Murphy Trail Tallahassee, Florida - Vice President

FILED
06 APR -6 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

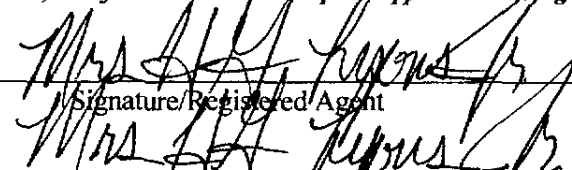
Sharron F. Lyons 3240 Lord Murphy Trail Tallahassee, Florida 32309

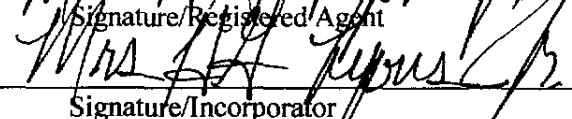
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

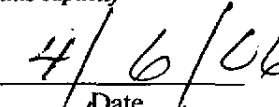
Sharron F. Lyons 3240 Lord Murphy Trail Tallahassee, Florida 32309

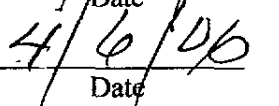
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date