

P06000050895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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06 APR 14 09:11:46
FALLAHOE, J. J. JR.

J. Shivers APR 17 2006

W06-16944

COVER LETTER

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

SUBJECT: 4x4 Lawn Care, 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: Dustin Hamlin

Name (Printed or typed)

3510 SW 1st Ave

Address

Cape Coral, FL 33914

City, State & Zip

239-851-2433

Daytime Telephone number

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06 APR 14 AM 11:46
TALLAHASSEE, FLORIDA

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:

4x4 Lawn Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3510 SW 1st Ave
Cape Coral, FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawn care services.

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):

Dustin Hamlin, 3510 SW 1st Ave/ Cape Coral, FL 33914, President
Dustin Hamlin, 3510 SW 1st Ave/ Cape Coral, FL 33914, Treasurer
Dustin Hamlin, 3510 SW 1st Ave/ Cape Coral, FL 33914, Secretary

ARTICLE VI REGISTERED AGENT

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

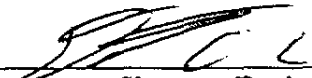
Dustin Hamlin
3510 SW 1st Ave
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dustin Hamlin
3510 SW 1st Ave
Cape Coral, FL 33914

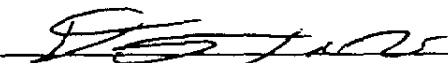
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4-14-06

Date



Signature/Incorporator

4-14-06

Date

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

06 APR 14 21:11:46

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