

PO6000063611

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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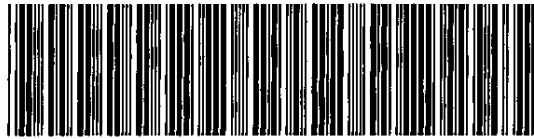
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT: OSCAR LAWN CARE**

(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: OSCAR ESPINOZA**

Name (Printed or typed)

**1590 ANDRUS AVE S.E.**

Address

**PALM BAY, FL 32909**

City, State & Zip

**321 724 6882**

Daytime Telephone number

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 25, 2006

OSCAR ESPINOZA  
1590 ANDRUS AVE. S.E.  
PALM BAY, FL 32909

SUBJECT: OSCAR LAWN CARE  
Ref. Number: W06000019148

We have received your document for OSCAR LAWN CARE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis  
Document Specialist  
New Filing Section

Letter Number: 406A00028193

## COVER LETTER

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

SUBJECT: OSCAR LAWN CARE INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

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☐ \$70.00  
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☐ \$78.75  
Filing Fee  
& Certificate of Status

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Filing Fee  
& Certified Copy

☒ \$87.50  
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FROM: OSCAR ESPINOZA

Name (Printed or typed)

1590 ANDRUS AVE S.E.

Address

PALM BAY, FL 32909

City, State & Zip

321 724 6882

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:

OSCAR LAWN CARE INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1590 ANDRUS AVE S.E.  
PALM BAY, FL 32909

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS ON LAWN CARE SERVICES

## **ARTICLE IV SHARES**

The number of shares of stock is:

1000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

OSCAR ESPINOZA  
1590 ANDRUS AVE S.E. PALM BAY, FL 32909  
PRESIDENT

## **ARTICLE VI REGISTERED AGENT**

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

OSCAR ESPINOZA,  
1590 ANDRUS AVE  
S.E. PALM BAY, FL 32909

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

OSCAR ESPINOZA,  
1590 ANDRUS AVE  
S.E. PALM BAY, FL 32909

\*\*\*\*\*

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

x Oscar Espinoza  
Signature/Registered Agent

x Oscar Espinoza  
Signature/Incorporator

FILED  
06 MAY -5 AM 8:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 29 06  
Date

04 29 06  
Date