

Pol000095733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

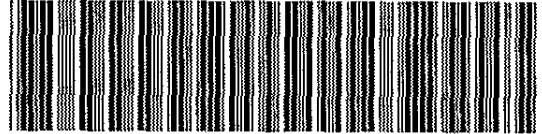
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 7-20

COVER LETTER.

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

SUBJECT: Alfredo's 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: Alfredo Rodriguez
Name (Printed or typed)
2731 Old New York Av.
Address
Alt Deland, FL 32720
City, State & Zip
(386) 943 9389 Cell # 386 804 2194
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:

Alfredo's Lawn care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2731 old New York AV. Deland FL 32720

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Landscaping business

ARTICLE IV SHARES

The number of shares of stock is:

100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Alfredo Rodriguez, President + Treasurer
Robi Rodriguez, Secretary.

ARTICLE VI REGISTERED AGENT

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

Alfredo Rodriguez
2731 old New York AV.
Deland FL 32720

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

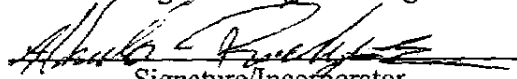
Alfredo Rodriguez
2731 old New York AV.
Deland FL 32720

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

Date

7-15-06


Signature/Incorporator

Date

7-15-06

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA