

P06000105351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

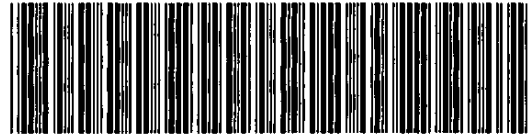
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/11/06--01016--005 **78.75

FILED
06 AUG 11 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/11/06

COVER LETTER

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

SUBJECT: DiGiorgio 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Joanne DiGiorgio

Name (Printed or typed)

219 Lagoon Drive

Address

Palm Harbor, FL 34683

City, State & Zip

(727) 787-6655

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:

DiGiorgio Lawn Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

219 Lagoon Drive
Palm Harbor, FL 34683

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Landscaping and Lawn Care

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):

Joanne DiGiorgio, President
219 Lagoon Drive
Palm Harbor, FL 34683

ARTICLE VI REGISTERED AGENT

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

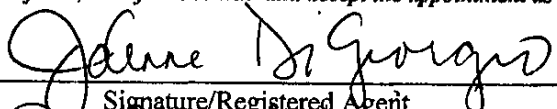
Joanne DiGiorgio
219 Lagoon Drive
Palm Harbor, FL 34683

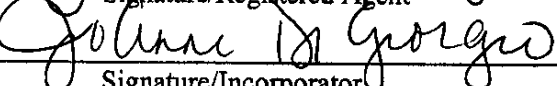
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Joanne DiGiorgio
219 Lagoon Drive
Palm Harbor, FL 34683

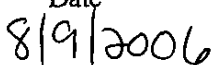
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA