

PO6000107067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

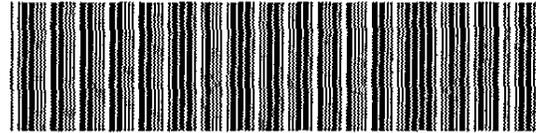
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000078711550

08/16/06--01033--005 **87.50

06 AUG 16 PM 3:06

RECEIVED

8.16.06 AUG 16 2006

COVER LETTER

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

SUBJECT: COQUI 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: KRISTINE K. OLIVIERI
Name (Printed or typed)

6005 N. WICKHAM Rd Bldg A UNIT 1
Address

MELBOURNE FL 32940
City, State & Zip

321-213-4205
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:

COQUI LAWN CARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6005 N. WICKHAM Rd Bldg A UNIT 1
MELBOURNE FL 32940

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ALL AND ANY LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

KRISTINE K. OLIVIERI - DIRECTOR
6005 N. WICKHAM Rd BLDG A UNIT 1
MELBOURNE FL 32940

ARTICLE VI REGISTERED AGENT

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

KRISTINE K. OLIVIERI
6005 N. WICKHAM Rd Bldg A UNIT 1
MELBOURNE FL 32940

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

KRISTINE K. OLIVIERI
6005 N. WICKHAM Rd BLDG A UNIT 1
MELBOURNE FL 32940

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

Kristine K. Olivieri
Signature/Registered Agent
Kristine K. Olivieri
Signature/Incorporator

8/14/06
Date
8/14/06
Date

06 AUG 16 PM 3:05
DIVISION OF CORPORATIONS