

P06000124651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

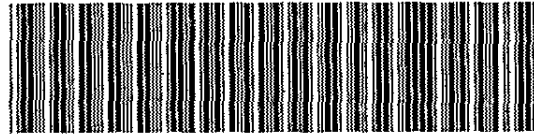
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
06 SEP 27 PM 4:18

W06-59868

## COVER LETTER

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

SUBJECT: LAKE LANDSCAPE MANAGEMENT, 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: KENNETH ODOM

Name (Printed or typed)

P O BOX 224

Address

MASCOTTE, FL 34753

City, State & Zip

352-557-1025

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 11, 2006

KENNETH ODOM  
P O BOX 224  
MASCOTTE, FL 34753

SUBJECT: LAKE LANDSCAPE MANAGEMENT, INC.  
Ref. Number: W06000039868

We have received your document for LAKE LANDSCAPE MANAGEMENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The principal address must be at a street address. A post office box is not acceptable.

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) 245-6962.

Valerie Herring  
Document Specialist  
New Filing Section

Letter Number: 106A00054730

**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:

LAKE LANDSCAPE MANAGEMENT, INC.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P O BOX 224, MASCOTTE, FL 34753

318 CAROL ST, MASCOTTE, FL: 34753

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**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):

KENNETH L ODOM, PRESIDENT, P O BOX 224, MASCOTTE, FL 34753

**ARTICLE VI REGISTERED AGENT**

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

BERYL N STOKES, III, CPA, 1035 WEST DIXIE AVE, LEESBURG, FL 34748

**ARTICLE VII INCORPORATOR**

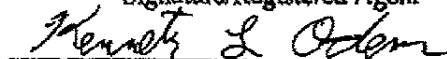
The name and address of the Incorporator is:

KENNETH L ODOM, 318 CAROL ST, MASCOTTE, FL 34753

\*\*\*\*\*  
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

✓ 9/11/06

Date

9-7-06

Date