

POW000149518

(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:

Angel Rosquete GAVE

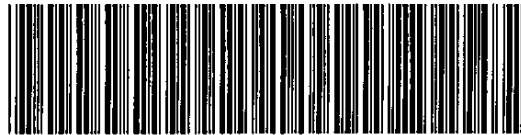
AUTHORIZATION BY PHONE TO

CORRECT Articles IV + VI

DATE 12/4

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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: A.M. Best Landscaping Corp.  
(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: Angel Rosquete  
Name (Printed or typed)

621 East Palm Dr  
Address

Florida City FL 33034  
City, State & Zip

cell. 305-781-4696 cell 305-281-1007  
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:

A.M. Best Landscaping, Corp

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

621 East Palm Dr Florida City FL 33034

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Landscaping, Gardens and  
cleaning of construction.

**ARTICLE IV SHARES**

The number of shares of stock is:

1

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

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



Angel Rosquete  
621 E Palm Dr Apt 208  
Florida City FL 33034-3530

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**ARTICLE VI REGISTERED AGENT**

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

621 East Palm Dr Apt. 208 Angel Rosquete  
Florida City FL 33034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Angel Rosquete Florida City  
621 East Palm Dr Apt. 208 FL 33034

\*\*\*\*\*

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

12-07-06

Date

12-07-06

Date