

Pd0000149535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

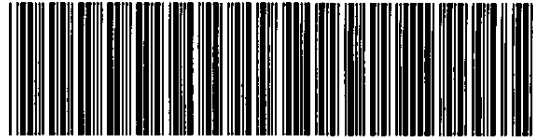
(Business Entity Name)

(Document Number)

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

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06 DEC -4 AM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CB 12-04-06

## COVER LETTER

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

**SUBJECT: BLUE RIBBON LAWN MANTEINANCE & LANDSCAPING 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: JUAN C ANGULO

Name (Printed or typed)

1190 NW 19 ST

Address

HOMESTEAD FL 33030

City, State & Zip

305-2486475

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)

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06 DEC -4 AM 2:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

BLUE RIBBON LAWN MAINTENANCE & LANDSCAPING INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1190 NW 19 ST  
HOMESTEAD FL 33030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LANDSCAPING

**ARTICLE IV SHARES**

The number of shares of stock is:

100

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

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

JUAN C ANGULO - PRESIDENT & CEO  
1190 NW 19 ST HOMESTEAD FL 33030  
FRANCISCO GONZALEZ- VICE PRESIDENT  
28104 SW 168 CT HOMESTEAD FL 33030

**ARTICLE VI REGISTERED AGENT**

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

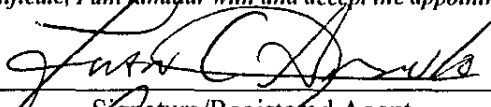
JUAN C ANGULO  
1190 NW 19 ST  
HOMESTEAD FL 33030

**ARTICLE VII INCORPORATOR**

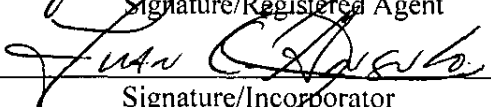
The name and address of the Incorporator is:

JUA C ANGULO  
1190 NW 19 ST  
HOMESTEAD FL 33030

\*\*\*\*\*  
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

11-30-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11-30-06  
\_\_\_\_\_  
Date