# P0000156232

(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



100082695641

12/22/06--01022--003 \*\*78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 DEC 22 AM 9: 4

APPROVED FILED

# **COVER LETTER**

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

SUBJECT: Big Lake Property Maintena		
(PROPOSED CORPOR	ATE NAME – <u>MUST INCI</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and	d a check for:
	1	
<b>□</b> \$70.00 <b>√</b> \$78.75	□ \$78.75	<b>\$87.50</b>
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy
		& Certificate of
	1	Status
	ADDITIONAL CO	DPY REQUIRED
	<del></del>	
	•	
<b>-</b>		
FROM: Big Lake Property Maintenan		
Nam	e (Printed or typed)	,
17505 Okeechobee Road		· · · · · · · · · · · · · · · · · · ·
	Address	
·		
Port St Lucie, Florida 349	45-5002	
City	, State & Zip	
•		
863-634-0572		•
Daytime '	l'elephone 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

The name of the corporation shall be:

Big Lake Property Maintenance, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

17505 Okeechobee Road Fort Pierce, Florida 34947

### ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Any legal purpose in the State of Florida and the United States.

### ARTICLE IV SHARES

The number of shares of stock is:

1000 (one thousand) Shares of Common Stock

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

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

Daniel A Lopez 5415 NW Bolin St Port St Lucie, FI 34986-4986

### ARTICLE VI REGISTERED AGENT

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

Daniel A Lopez 5415 NW Bolin St Port St Lucie, FI 34986-4986

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Daniel A. Lopez 5415 NW Bolin St Port St Lucie, Fl 34986-4986

Having been named as registered agent to accept service of process fo certificate, I am familiar with and accept the appointment as registered	
	12/19/2006
Signature/Registered Agent	Date
	12/19/2006
Signature/Incorporator	Date