

P07000049718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

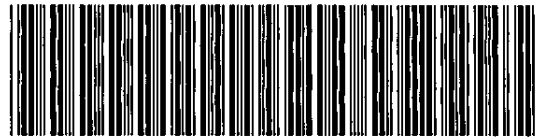
(Business Entity Name)

(Document Number)

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2007 APR 23 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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07 APR 23 PM 3:32

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

07-19233

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Surfwood Lawn Care Enterprise, Inc.

Signature \_\_\_\_\_

Requested by: \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

☒ Art of Inc. File \_\_\_\_\_

\_\_\_\_\_ LTD Partnership File \_\_\_\_\_

\_\_\_\_\_ Foreign Corp. File \_\_\_\_\_

\_\_\_\_\_ L.C. File \_\_\_\_\_

\_\_\_\_\_ Fictitious Name File \_\_\_\_\_

\_\_\_\_\_ Trade/Service Mark \_\_\_\_\_

\_\_\_\_\_ Merger File \_\_\_\_\_

\_\_\_\_\_ Art. of Amend. File \_\_\_\_\_

\_\_\_\_\_ RA Resignation \_\_\_\_\_

\_\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_

\_\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_

\_\_\_\_\_ Cert. Copy \_\_\_\_\_

☒ Photo Copy \_\_\_\_\_

\_\_\_\_\_ Certificate of Good Standing \_\_\_\_\_

\_\_\_\_\_ Certificate of Status \_\_\_\_\_

\_\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_

\_\_\_\_\_ Corp Record Search \_\_\_\_\_

\_\_\_\_\_ Officer Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Search \_\_\_\_\_

\_\_\_\_\_ Fictitious Owner Search \_\_\_\_\_

\_\_\_\_\_ Vehicle Search \_\_\_\_\_

\_\_\_\_\_ Driving Record \_\_\_\_\_

\_\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_

\_\_\_\_\_ UCC 11 Search \_\_\_\_\_

\_\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_

\_\_\_\_\_ Courier \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 24, 2007

CAPITAL CONNECTION, INC.  
ATTN: SP

SUBJECT: SURFWOOD LAWN CARE ENTERPRISE, INC.  
Ref. Number: W07000019733

**RE-SUBMIT**

**PLEASE OBTAIN THE ORIGINAL  
FILE DATE.**

**RECEIVED**  
07 APR 24 PM 3:55  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for SURFWOOD LAWN CARE ENTERPRISE, 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 registered agent and street address must be consistent wherever it appears in your document.

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) 245-6855.

Tammy Hampton  
Document Specialist  
New Filing Section

Letter Number: 307A00027627

**RE-SUBMIT**

**PLEASE OBTAIN THE ORIGINAL  
FILE DATE.**

**FILED**

2007 APR 23 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION  
OF  
SURFWOOD LAWN CARE ENTERPRISE, INC.**

**THE UNDERSIGNED SUBSCRIBER (s) TO THESE ARTICLES OF INCORPORATION,  
NATURAL PERSON (s) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER  
THE LAWS OF THE STATE OF FLORIDA.**

**ARTICLE I - CORPORATE NAME**

**THE NAME OF THE CORPORATE IS: SURFWOOD LAWN CARE ENTERPRISE, INC.  
THE PRINCIPLE MAILING ADDRESS OF CORPORATION IS: 11618 SURFWOOD AVENUE JACKSONVILLE, FL 32246**

**ARTICLE II - DURATION**

**THIS CORPORATION SHALL EXIST PERPETUALLY UNLESS DISSOLVED  
ACCORDING TO FLORIDA LAW.**

**ARTICLE III - PURPOSE**

**THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY  
ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE  
STATE OF FLORIDA.**

**ARTICLE IV - CAPITAL STOCK**

**THE CORPORATION IS AUTHORIZED TO ISSUE (five hundred) SHARES  
( 500 ) OF (one) DOLLAR (s) (\$ 1.00 ) PAR VALUE COMMON STOCK, WHICH SHALL  
BE DESIGNATED "COMMON STOCK"**

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

**THE NAME AND ADDRESS OR THE INITIAL REGISTERED AGENT OF THIS CORPORATION IS:**

**NAME:** Mayer Kilday

**PRINCIPLE AND MAILING ADDRESS:** 11618 SURFWOOD AVENUE

**CITY:** JACKSONVILLE FLORIDA ZIP 32246

**ARTICLE VI- INITIAL BOARD OF DIRECTORS**

**THIS CORPORATION SHALL HAVE** TWO **(** 2 **)**  
**DIRECTORS INITIALLY. THE NUMBER OF DIRECTORS MAY BE INCREASED OR**  
**DIMINISHED FROM TIME TO TIME BY THE BY-LAWS, BUT SHALL NEVER BE LESS THAN ONE (1).**  
**THE NAMES AND ADDRESS OF THE INITIAL DIRECTOR(S) OF THE**  
**CORPORATION ARE AS FOLLOWS:**

**NAME:** MAYER KILDAY

**PRINCIPLE AND MAILING ADDRESS** 11618 SURFWOOD AVE

**CITY:** JACKSONVILLE FLORIDA ZIP 32246

**NAME:** PATRICK KILDAY

**PRINCIPLE AND MAILING ADDRESS:** 11618 SURFWOOD AVENUE

**CITY:** JACKSONVILLE FLORIDA ZIP 22246

**ARTICLE VII - INCORPORATORS**

**THE NAME AND ADDRESSES OF THE PERSON(S) SIGNING THESE ARTICLES OF**  
**INCORPORATION ARE AS FOLLOWS:**

**NAME:** MAYER KILDAY

**PRINCIPLE AND MAILING ADDRESS:** 11618 SURFWOOD AVENUE



**CITY:** JACKSONVILLE FLORIDA ZIP 32246

**NAME:** PATRICK KILDAY

**PRINCIPLE AND MAILING ADDRESS:** 11618 SURFWOOD AVE

**CITY:** JACKSONVILLE FLORIDA ZIP 32246

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (s) HAVE EXECUTED THESE  
ARTICLES OF INCORPORATION THIS 17th DAY OF APRIL 2007

 (SIGN)  
 (SIGN)  
\_\_\_\_\_  
(SIGN)

STATE OF FLORIDA

SS

COUNTY OF: DUVAL

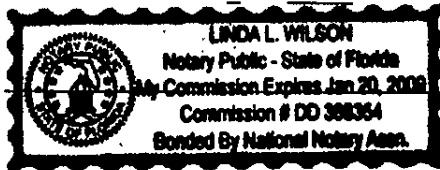
BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGEMENTS IN THE  
STATE AND COUNTY SET FORTH ABOVE PERSONALLY APPEARED

MAYER KILDAY

KNOWN TO ME AND KNOWN TO BE THE PERSON (s) WHO EXECUTED THE FOREGOING  
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGE BEFORE ME THAT  
(HE)  
EXECUTED THESE ARTICLES OF INCORPORATION

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND AND SEAL, IN THE  
STATE AND COUNTY AFORESAID THIS 17th DAY OF APRIL 2007

(NOTARY SEAL)





(NOTARY PUBLIC, STATE OF FLORIDA AT LARGE)

LINDA L. WILSON  
MY COMMISSION # DD 388354  
MY COMMISSION EXPIRES: JANUARY 20<sup>th</sup>, 2009

***CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT***

***CERTIFICATE OF REGISTERED AGENT***

***OF SURFWOOD LAWN CARE ENTERPRISE, INC.***

***(Name of corporation)***

***PURSUANT TO FLORIDA STATUTE SECTIONS 48.091 AND 607.304, THE FOLLOWING  
SUBMITTED:***

***THE ABOVE CORPORTATION, DESIRING TO ORGANIZE UNDER THE LAWS OF THE  
STATE OF FLORIDA WITH ITS REGISTERED OFFICE AS INDICATED IN THE ARTICLES OF INCORPORATION***

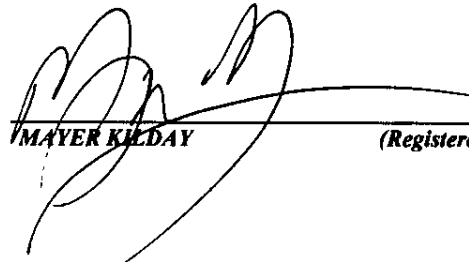
***AT: 11618 SURFWOOD AVENUE  
JACKSONVILLE, FL. 32246***

***HAS NAMED: MAYER KILDAY***

***LOCATED AT THE AFORESAID ADDRESS, AS ITS REGISTERED AGENT TO ACCEPT  
SERVICE OF PROCESS WITHIN THIS STATE.***

***ACKNOWLEDGEMENT***

***HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY  
ACCEPT TO ACT IN THIS CAPACITY, AND AGREE TO COMPLY WITH THE PROVISIONS  
OF FLORIDA LAW IN KEEPING OPEN SAID OFFICE.  
I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS  
A REGISTERED AGENT.***

  
\_\_\_\_\_  
***MAYER KILDAY*** ***(Registered agent)***