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(Re	questor's Name)	<u> </u>
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRENARY OF STATE TALLAHASSEE, FLORIDA

7 JUL 16 5# 9: (

VH

COVER LETTER

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

SUBJECT: Beautiful Lawn and Garden Maint. By Osmani Navarro 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 E Filing Fee & Certified Copy ADDITIONAL COPY	Certified Copy & Certificate of Status
FROM: C	Osmani Navarro Name ((Printed or typed)	
	5209 Martin Street		
	A	Address	
	Naples, FL 34113		
	City,	State & Zip	
	Office: 239-331-2081 / Mol		
	Daytime To	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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Beautiful Lawn and Garden Maint. By Osmani Navarro Corp.

O7 JUL 16 AM 9: 01 SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5209 Martin Street Naples, FL 34113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Servicing the community.

ARTICLE IV SHARES

The number of shares of stock is:

One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Osmani Navarro 5209 Martin Street Naples, FL 34113 Owner

ARTICLE VI REGISTERED AGENT

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

Osmani Navarro 5209 Martin Street Naples, FL 34113

ARTICLE VII _ INCORPORATOR

The name and address of the Incorporator is:

Osmani Navarro 5209 Martin Street Naples, FL 34113

************************	*******************
Having been named as registered agent to accept service of process j certificate, I am familiar with and accept the appointment as registered	for the above stated corporation at the place designated in this
certificate, I am familiar with and accepy the appointment as registered	l agent and agree to act in this capacity
later mal	
A lax and later	7/9/2007

Novares,		-	,		
Signature/Incorpora	tor			 	

7/9/2007 Date 7/9/2007

Date



COLLIER COUNTY BUSINESS TAX RECEIPT APPLICATION

2800 N. Horseshoe Drive, Naples, FL 34104 Make Check Payable to: Collier County Tax Collector Phone: 239-403-2477 Fax: 239-643-4788 Website: www.colliertax.com



CHECKLIST

Copy of Articles of Incorporation and/or Fictitious letter from the State stating that your business name is on file.	Yellow Fire Compliance (list of fire district phone number enclosed)
(850-245-6052 or 6058) www.sunbiz.org	
Copy of State license from Department of Business and	Copy of Marco Zoning Certificate. (239-389-5000)
Professional (850-487-1395) or Department of Health. (850-410-3359)	Completed Zoning application with appropriate fee made payable to: Board of County Commissioners.
Copy of City Business Tax Receipt. (239-213-1800)	Completed Business Tax Receipt application with appropriate fee made payable to: Collier County Tax Collector. (239-403-2477)
Copy of Motor Vehicle Repair Registration Certificate from Department of Agriculture. (800-435-7352)	Other: Affidavit
Copy of Health inspection from Department of Hotels and Restaurants (850-487-1395) or Department of Agriculture. (800-435-7352)	Attidavit
CHEÇK ONE:	Date: 7/5/07
Original Application	Classification Maint Serv.
Transfer of License #	Code Number <u>037 - 033 - 01</u>
Renewal of License #	License Amount 22-001-5 people
1) CORPORATE NAME	
1a) DBA NAME - Bestifull for	un and GARDEN MAINT. By Someni
1b) BUSINESS OWNER OR QUALIFIER'S NAM	
10) BUSINESS OWNER OR QUALIFIER'S NAM	leader al
(No P.O. Box allowed)	prefin st.
2a) IS RESIDENCE USED AS AN OFFICE -	YesNo
3) BUSINESS MAILING ADDRESS - <u>520</u>	9 MANKIN ST Naple th. 3411-
4) OWNER OR QUALIFIER'S RESIDENTIAL	ADDRESS - Osmani Novorro
5) TELEPHONE - Business: <u>239 · 331 - 2</u>	208/ Home: 239-331-208/
1	etorshipPartnership Corporation LLC LLP
OPENING DATE OF BUSINESS OR DATE A	
,	SYes No If Yes, City License No
·	ERAL EMPLOYER IDENTIFICATION NO.
139 - 86 - 7832	
9a) TYPE OF BUSINESS CONDUCTED:	wn Vaintanence
10) NUMBER OF EMPLOYEES - Including of nur	
VI) EILL IN THE APPROPRIATE AREAS -	
a) Rental units (motel/hotel/apts.) Number of u	nits:
b) Seating Capacity (rest./cafes, etc.) Number of	
c) Number of coin-operated machines owned b	
12) STATE LICENSE OR CERTIFICATION NUM Must have photo copy of state	ABERe licensed and certified
	T I HAVE READ THE FOREGOING DOCUMENT AND
THAT THE FACTS STATED IN IT ARE TRUE TO THE	
XXXAPPLICANT'S SIGNATURE: Warn	DATE: 07-5-07
(Owner and/or representative of business) TITDE:	
****THIS I ICENSE IS NON DESINDAT	H E EOD RUSINESS STATED AROVE****

GASOLINE TANK & PUMP **GLASS & GLAZING** INSULATION ALL TYPES INSULATION BUILDING IRRAGATION SPRINKLER LANDSCAPING LIQUIFIED PETROLEUM GAS MARINE SEAWALLS & DOCKS MASONRY MOBILE HOME SET UP, TIE DOWN **PAINTING** PAVING UNLIMITED PLASTERING & STUCCO POLLUTANT STORAGE CONTRACTOR REINFORCING STEEL ROOF COATING, PAINTING OR PRESSURE CLEANING SANDBLASTING SATELLITE DISH INSTALLATION SEALING & STRIPPING SEPTIC TANK SIGN CONTRACTOR NON ELECTRIC SIGN ELECTRICAL CONTRACTOR SOLAR HEATER INSTALLATION STRUCTURAL STEEL ERECTION STRUCTURE MOVING TILE & MARBLE TILE. MARBLE & TERRAZZO TREE REMOVAL & TRIMMING UNDERGROUND UTILITY CONTRACTOR

GARAGE DOORS RESTRICTED

I WILL NOT BE DOING ANYTHING THAT IS LISTED ON THIS PAPER

SIGNATURE

WELL DRILLING

DATE

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THE FACTS STATED IN IT ARE TRUE.

HANDYMAN AFFIDAVIT.WD