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COVER LETTER

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

SUBJECT: Spires Lawn Care, Inc.		
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	d a check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM: Dennis Spires		
Name	(Printed or typed)	
4639 Herta Rd.		
7	Address	
Jacksonville, FL 32210		
City,	State & Zip	
904-673-1575		
Daytime T	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 NAME

The name of the corporation shall be:

Spires Lawn Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4639 Herta Rd., Jacksonville, FL 32210

PURPOSE ARTICLE III

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

One Hundred (100)

INITIAL OFFICERS AND/OR DIRECTORS

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

Dennis Spires

4639 Herta Rd.

Jacksonville, FL 32210

President

ARTICLE VI REGISTERED AGENT

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

Dennis Spires

4639 Herta Rd.

Jacksonville, FL 32210

ARTICLE VII INCORPORATOR

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

Dennis Spires 4639 Herta Rd.

Jacksonville, FL 32210

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I any familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered

Signature/Incorporator