

P08000642898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

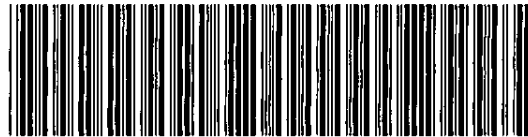
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200125739922

04/28/08--01056--004 **78.75

FILED

09 APR 28 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/28/08

COVER LETTER

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

SUBJECT: GREEN MONKEY BIOTECHNOLOGIES, 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: JASON CODY
Name (Printed or typed)

302 ARGUS RD
Address

ST. AUGUSTINE, FL 32086
City, State & Zip

904-797-2297
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)

FILED
08 APR 28 PM 4:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GREEN MONKEY BIOTECHNOLOGIES, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

10406 SR 11, BUNNELL, FL 32110

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RECYCLE USED OIL

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):

**JASON CODY, PRES
302 ARGUS RD
ST AUGUSTINE FL 32086**

**JOHN CODY, V.P.
10406 SR 11
BUNNELL, FL 32110**

**CHIP HUGHES, SEC
11368 SHADY BROOK LN
JACKSONVILLE, FL
32223**

ARTICLE VI REGISTERED AGENT

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

**JASON CODY
302 ARGUS RD
ST. AUGUSTINE, FL 32086**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**JASON CODY
302 ARGUS RD
ST. AUGUSTINE, FL 32086**

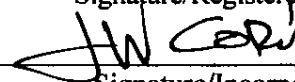
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/25/08

Date



Signature/Incorporator

4/25/08

Date

CHARLES HALL & ASSOCIATES, PA

Charles E. Hall, PhD, EA, CTP
77 Almeria Street, P O Box 4050
Saint, Augustine, Florida 32085-4050
Phone: 904-829-6533 Fax: 904-829-9470

April 23, 2008

Secretary of State
Division of Corporations
P O Box 1300
Tallahassee, Florida 32302-1300

Ref: Fictitious name Registration
Jose's Lawn Services

To Whom This May Concern:

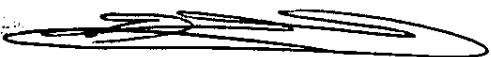
Please find enclosed herewith an original application for registration of fictitious name. BURGOS INDUSTRIES INC, A Florida Corporation is registering the name " Jose's Lawn Services" as a d/b/a of the entity. Please file this registration at your earliest date and furnish me with a certificate of status.

Likewise, enclosed is my trust check made payable to the Secretary of State in the amount of \$60.00 which is in payment of the registration fees and certificate of status.

Should you have any questions regarding this document, please feel free to contact me at any time.

Thanking you in advance for your courtesy and prompt recording, I remain,

Sincerely,



Charles E. Hall, PhD, EA, CTP
Enrolled Agent

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

08 APR 28 PM 12:33
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Jose's Lawn Services
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

4265 Oak Lane

Mailing Address of Business
St Augustine, FL 32086

City State Zip Code

3. Florida County of principal place of business: St Johns

(see instructions if more than one county)

This space for office use only

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Last First M.I.

Address

City State Zip Code

2. Last First M.I.

Address

City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. Burgos Industries Inc

Entity Name

4265 Oak Lane

Address

St Augustine, FL 32086

City State Zip Code

Florida Registration Number 20800042889

FEI Number:

☒ Applied for ☐ Not Applicable

2. Entity Name

Address

City State Zip Code

Florida Registration Number

FEI Number:

☐ Applied for ☐ Not Applicable

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Mayaide Burgos 4/23/08
Signature of Owner Date

Signature of Owner Date

Phone Number:

Phone Number:

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner Date

Signature of Owner Date

Mark the applicable boxes ☒ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50