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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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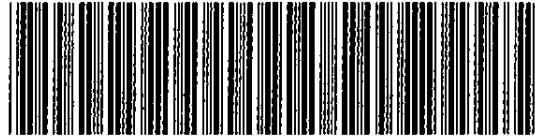
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 AUG -4 PM 2:25

8/4/08

~~Short Cuts Lawn Care~~

~~PO Box 2817~~

~~Riverview, FL 33568-2817~~

**COVER LETTER**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 AUG -4 PM 2:25

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

**SUBJECT:** Short Cuts Lawn Care 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Anna M Mishler

Name (Printed or typed)

13315 Hollowbend Ln

Address

Riverview, FL 33569

City, State & Zip

(813) 545 9362

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)

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DIVISION OF CORPORATIONS

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**ARTICLE I NAME**

The name of the corporation shall be:

Short Cuts Lawn Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

13315 Hollowbend Ln., Riverview FL 33569

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Lawn Care and Maintenance Business

**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):

David W Mishler, 13315 Hollowbend Ln., Riverview FL 33569, President

Anna M Mishler, 13315 Hollowbend Ln., Riverview FL 33569, Vice President & Secretary

**ARTICLE VI REGISTERED AGENT**

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

Anna M Mishler, 13315 Hollowbend Ln., Riverview FL 33569

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

David W Mishler, 13315 Hollowbend Ln., Riverview FL 33569

\*\*\*\*\*

*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*

Anna M Mishler Anna M. Mishler  
Signature/Registered Agent

08/01/2008

Date

David W Mishler David W Mishler  
Signature/Incorporator

08/01/2008

Date