

PO8000078360

(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



800134404198

08/18/08--01028--006 \*\*78.75

2008 AUG 25 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

J. Shivers AUG 25 2008  
2008-38641  
6408

## COVER LETTER

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

SUBJECT: NICK POLIFRONE'S LAWN SERVICE, 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: NICK POLIFRONE'S LAWN SERVICE, INC.  
Name (Printed or typed)

PO Box 3193  
Address

LANTANA, FLORIDA 33465  
City, State & Zip

(561) 577-2181  
Daytime Telephone number

2008 AUG 25 PM 12:57  
FILED  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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:

NICK POLLIERONE'S LAWN SERVICE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 3193

LANTANA, FLORIDA 33465

→ 410 N. 8th St  
Lantana, FL 33462

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN MAINTENANCE AND RELATED FUNCTIONS

## ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES - \$1.00

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

NICK POLLIERONE

410 NORTH 8TH STREET

LANTANA, FLORIDA 33462

2008 AUG 25 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLE VI REGISTERED AGENT**

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

NICK POLLIFRONE  
410 NORTH 8TH STREET  
LANTANA, FLORIDA 33462

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NICK POLLIFRONE  
410 NORTH 8TH STREET  
LANTANA, FLORIDA 33462

\*\*\*\*\*

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

*Nick Pollifrone*

Signature/Registered Agent

*8-12-08*

Date

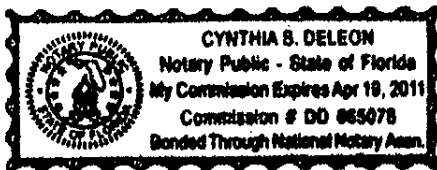
*Nick Pollifrone*

Signature/Incorporator

*8-12-08*

Date

FL DL P 416630611720  
X 5/12/09



*Cynthia DeLeon*

FILED  
2008 AUG 25 PM 12:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA