

(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:			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	,		
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)		
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)		
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status			
(Document Number)  Certified Copies Certificates of Status	☐ PICK-UP ☐ WAIT ☐ MAIL		
(Document Number)			
(Document Number)	(Pusinana Entitu Nama)		
Certified Copies Certificates of Status	(Dusiness Linuty Haine)		
Certified Copies Certificates of Status			
	(Document Number)		
Special Instructions to Filing Officer:	Certified Copies Certificates of Status		
Special Instructions to Filing Officer:			
Special Instructions to Filing Officer: .			
	Special Instructions to Filing Officer:		

Office Use Only



900136374689

09/29/08--01055--025 \*\*192.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STORY OF STREET

## TRANSMITTAL LETTER

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

**SUBJECT:** 

OUTSTANDING LANDSCAPE & DESIGN, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of Reinstatement/Reincorporation and a check for :

## **FEES:**

Filing Fee

\$35.00

Registered Agent

\$35.00

Annual Reports for 1993 through present year

\$61.25 per calendar year.

## **OPTIONAL:**

Certified Copy \$8.75 (plus \$1 per page over 8, not to exceed a maximum of \$52.50 Certificate of Status \$8.75

FROM:

HARRIS, O. JARRETT

Name (Printed or typed)

7697 SE KINGS WAY STREET

Address

Habe Sound FL, 33455

City, State & Zip

561-644-3220/ 561-243-0825

Daytime Telephone number

Articles of Incorporation In compliance with chapter 607 (profit)

In compliance with chapter 6	107 (prof.4).	
ARTICLE I NAME The name of the corporation shall be: OUTSTANDING LANDSCAPE & Design, Inc.	÷	
ARTICLE II PRINCIPAL OFFICE The principal place of business and the mailing address of this corporation 7697 SE KINGS WAY STREET HODE Sound, F1. 33455  ARTICLE III PURPOSE The specific purpose for which the corporation is organized: LANDSCAPE SERVICES	FILED  2000 OCT -9 P 3: SECRETARY OF STA	
ARTICLE IV Shares  1000  ARTICLE V INITIAL REGISTERED AGENT AND STREET The name and Florida street address of the registered agent is: HARRIS, JARRETT 0 PUST D 7697 SE KINGS STREET		
ARTICLE VI INCORPORATOR The name and address of the Incorporator is:  HARRIS, JARRETT (9. 7697 SE KINGS STREET HOBE SOUND, F1. 33455		
**************************************		
Signature/Registered Agent	$\frac{9-24-08}{\text{Date}}$	
Signature/Incorporator	9-24-08 Date	