

P08000102039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

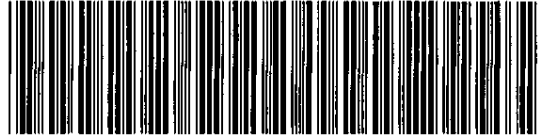
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
FBI RECORDS SECTION

COVER LETTER

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

SUBJECT: UNCLE JOHNNY LANDSCAPING COMPANY
(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: JAVIER VERGARA
Name (Printed or typed)

4375 FOX RIDGE DRIVE
Address

WESTON, FL 33331
City, State & Zip

954-638-1199
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)

ARTICLE I NAME

The name of the corporation shall be:

UNCLE JOHNNY LANDSCAPING COMPANY

ARTICLE II PRINCIPAL OFFICE

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

4375 FOX RIDGE DRIVE, WESTON, FL 33331

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE LAWN CARE AND LANDSCAPING SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JAVIER VERGARA

4375 FOX RIDGE DRIVE, WESTON, FL 33331

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

JAVIER VERGARA
4375 FOX RIDGE DRIVE

WESTON, FL 33331

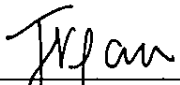
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

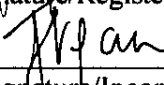
JAVIER VERGARA

4375 FOX RIDGE DRIVE, WESTON, FL 33331

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



Signature/Incorporator

11-10-2008

Date

11-10-2008

Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA