

PD9000009440

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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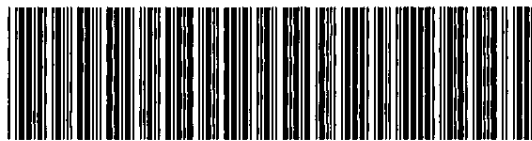
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 30 2009
D. A. WHITE

COVER LETTER

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

SUBJECT: CUTTING EDGE LANDSCAPE & 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
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: NICHOLAS WALTBILLIG

Name (Printed or typed)

1115 DIANA AVENUE

Address

NAPLES, FL 34103

City, State & Zip

(239) 825-4691

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:

CUTTING EDGE LANDSCAPE & LAWN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

1115 DIANA AVENUE
NAPLES, FL 34103

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY PURPOSE PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

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):

NICHOLAS WALTBILLIG - P, VP, S, T, DIRECTOR
1115 DIANA AVENUE
NAPLES, FLORIDA 34103

ARTICLE VI REGISTERED AGENT

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


NICHOLAS WALTBILLIG
1115 DIANA AVENUE
NAPLES, FLORIDA 34103

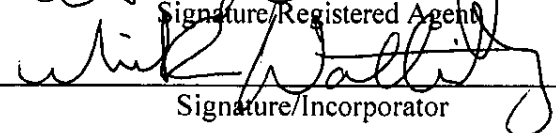
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NICHOLAS WALTBILLIG
1115 DIANA AVENUE
NAPLES, FLORIDA 34103

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



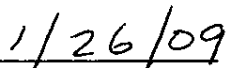
Signature/Registered Agent


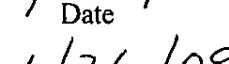
Signature/Incorporator

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date


Date