

PO9000023291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09 MAR 13 AM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*Paul*  
3/13/09

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

K & J Nursery & Landscaping  
(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: \_\_\_\_\_

Judianna Freeman  
Name (Printed or typed)

7120 OX Box Circle  
Address

Tallahassee, FL 32312  
City, State & Zip

\_\_\_\_\_  
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:

K. & J Nursery & Landscaping Inc.

## ARTICLE II PRINCIPAL OFFICE

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

114 Thompson Circle  
Tallahassee, FL 32312

Mailing  
7120 OX Bow Circle  
Tallahassee, FL 32312

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawfull Business

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Judianna Freeman, President  
7120 OX Bow Circle  
Tallahassee, FL 32312

## ARTICLE VI REGISTERED AGENT

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

Judianna Freeman  
7120 OX Bow Circle  
Tallahassee, FL 32312

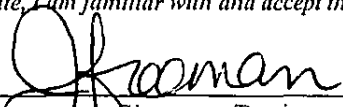
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

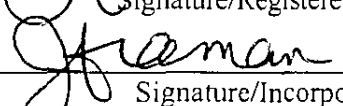
Judianna Freeman  
7120 OX Bow Circle  
Tallahassee, FL 32312

\*\*\*\*\*

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

3/13/09

Date

3/13/09

Date

FILED  
09 MAR 13 AM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA