

PO9000037910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

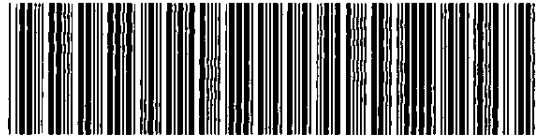
(Business Entity Name)

(Document Number)

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

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2009 APR 28 PM 3:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers APR 29 2009  
W09-14362

**COVER LETTER**

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

SUBJECT: PLC Services, 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: Linda Mather  
Name (Printed or typed)

11150 N. Williams St. #8  
Address

Dunnellon, FL 34432  
City, State & Zip

352-804-2234  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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 PPLC Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: 11150 N. Williams St. #8  
Dunnellon, Fl. 34432

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Business Home Improvement  
Lawn Maintenance

**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):

Linda Mathern, owner, Secretary, Treasurer  
11150 N. Williams St #8  
Dunnellon, Fl. 34432

Paul Barrow, SAME ADD., President.

**ARTICLE VI REGISTERED AGENT**

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

Linda Mathern  
11150 N. Williams St #8  
Dunnellon, Fl. 34432

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Linda Mathern  
11150 N. Williams St #8  
Dunnellon, Fl. 34432

\*\*\*\*\*

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

Linda Mathern

Signature/Registered Agent

3-20-09

Date

Linda Mathern

Signature/Incorporator

3-20-09

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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