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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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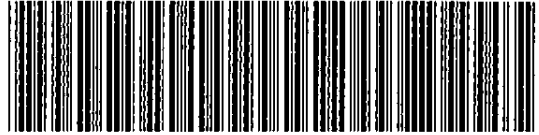
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: NEW VISION LANDSCAPE 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MIGUEL GALARZA
Name (Printed or typed)

348 LISA KAREN CIRCLE
Address

APOPKA, FLORIDA 32712
City, State & Zip

407-947-6941
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

NEW VISION LANDSCAPE INC.

ARTICLE II PRINCIPAL OFFICE

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

1631 ROCK SPRINGS ROAD. SUITE 113
APOPKA FL. 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

MIGUEL GALARZA
348 LISA KAREN CIRCLE
APOPKA FL. 32712

ARTICLE VI REGISTERED AGENT

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

MIGUEL GALARZA
348 LISA KAREN CIRCLE
APOPKA FL. 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MIGUEL GALARZA
348 LISA KAREN CIRCLE
APOPKA, FL 32712

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

Miguel Galarza
Signature/Registered Agent

JUNE - 09 - 2009
Date

Miguel Galarza
Signature/Incorporator
MIGUEL GALARZA

JUNE - 09 - 2009
Date