

PO9000062918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

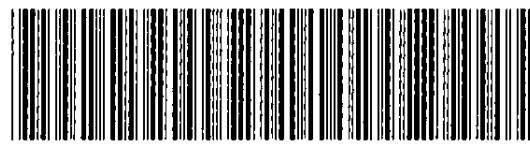
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S. L. [Signature]

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S. L. [Signature]

COVER LETTER

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

SUBJECT: CHASE - N - WEEDS 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: RALPH T MOTES
Name (Printed or typed)

483 Wakulla Springs Road
Address

Crawfordville Fl. 32327
City, State & Zip

850-933-7750

Daytime Telephone number

ralphmotes@peoplepc.com
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: CHASE-U-WEEDS LAWN CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

483 Wakulla Springs Rd. Crawfordville Fl. 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWN CARE

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):

RALPH T MOTES Pres. 483 Wakulla Springs Rd. Crawfordville Fl. 32327
LYNDA A. MOTES v Pres.

ARTICLE VI REGISTERED AGENT

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

483 Wakulla Springs Rd. Crawfordville fl. 32327

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

RALPH T MOTES
483 Wakulla Springs Rd
Crawfordville Fl 32327

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

Ralph T Motes
Signature/Registered Agent

Ralph T Motes
Signature/Incorporator

09 JUL 24 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7/21/09
Date
7/21/09
Date