

PO9000062918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

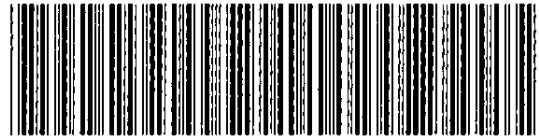
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
09 JUL 24 PM 12:28 09 JUL 24 PM 12:23  
TALLAHASSEE, FLORIDA  
NOT RECORDED  
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SUFFICIENCY OF FILING

1/6/09  
7/24

## COVER LETTER

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

SUBJECT: CHASE-N-WEEEDS 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: RAIPH T MOTES  
Name (Printed or typed)

483 WAKULLA SPRINGS ROAD  
Address

CRAWFORDVILLE FL. 32327  
City, State & Zip

850-933-7750  
Daytime Telephone number

ralphmotes@people.pc.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-N-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):

RAIPH T MOTES PRES. 483 WAKULLA SPRINGS RD. Crawfordville FL.  
LYNDA A. MOTES V PRES. 32327

**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:

RAIPH 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

7/21/09

Date

7/21/09

Date

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