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(Requestor's Name)				
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(C) (O) 4 (T) (D) (1)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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## **COVER LETTER**

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

SUBJECT: COOL BREEZE LANDSCAPING, INC.

50B0B01	(PROPOSED CORPOR.	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
EROM: LE	STER MAKOFKA, ESQUIRE Nam	e (Printed or typed)	te Militari - Arabania Militari - Militari Militari
24	NORTH MARKET STREET, SU		
		Address	
JAC	CKSONVILLE, FLORIDA 32202		
	City	, State & Zip	
904	-355-2700		
<del></del>	Daytime '	Telephone number	
	E-mail address: (to be use	ed for future annual report r	otification)

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:

COOL BREEZE LANDSCAPING, INC.

## ARTICLE II PRINCIPAL OFFICE

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

8550 Argyle Business Loop, #502, Jacksonville, FL 32244

## ARTICLE III PURPOSE

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

### 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):

Betty Jean Witte 1419 Pickets Ct.

Carol D. Smith

Convers, GA 30013

1419 Pickets Ct. Conyers, GA 30013

PRESIDENT

REGISTERED AGENT

# ARTICLE VI

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

LESTER MAKOFKA, ESQUIRE

24 N. MARKET STREET, SUITE 402

JACKSONVILLE, FLORIDA 32202

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Betty Jean Witte, 1419 Pickets Ct., Conyers, GA 30013

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 adt in this capacity

Signature/Registered Agent

fure/Incorporator

Date