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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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or 10/5/10

COVER LETTER

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

Enclosed are an orig	inal and one (1) copy of the art	ticles 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

FROM: Flizabeth Williamson Name (Printed or typed)
13 East Palmetto Street
Avon Park, Fl. 33925 City, State & Zip
863- 452-9844 Daytime Telephone number
offseason 27 6 imbargemed. 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)
The name of the corporation shall be: Cut Rate Lawn Care In
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 13 East Palmetto S Avon Park, Fl. 33
Article III PURPOSE The purpose for which the corporation is organized is: to provide the public with lawn Care Services.
ARTICLE IV SHARES The number of shares of stock is: 2
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Elizabeth Williamson Own ARTICLE VI PEGISTEPED AGENT
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Elizabeth Williamson 13 East Palmetto Street AND Park, Fl. 33825
The name and address of the Incorporator is: Elizabeth Williamson 13 East Palmetto Street
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
Signature/Registered Agent Out of Signature/Registered Agent Signature/Incorporator Out of