

P10000095474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

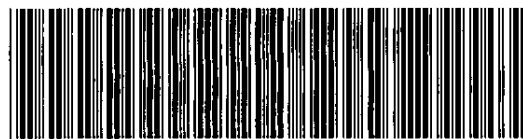
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
11/23

## COVER LETTER

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

SUBJECT: GREENMASTERS OUTDOOR SERVICES, 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: DAWN MICHELLE SKIPPER  
Name (Printed or typed)

888 CLOVERLEAF BLVD  
Address

DELTONA, FLORIDA, 32725  
City, State & Zip

386-316-4457  
Daytime Telephone number

SHELLYM0103@YAHOO.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: Greenmasters Outdoor Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
888 CLOVERLEAF BLVD  
DELTONA, FL 32725

Mailing address, if different is:

P.O. BOX 5921  
DELTONA, FLORIDA 32728-5921

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**TO CONDUCT ALL BUSINESS ACTIVITIES FOR PROFIT, WITHOUT EXCEPTION**

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: DAWN MICHELLE SKIPPER, PRES  
Address: 888 CLOVERLEAF BLVD  
DELTONA, FL 32725

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: DAWN MICHELLE SKIPPER  
Address: 888 CLOVERLEAF BLVD  
DELTONA, FLORIDA 32725

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DAWN MICHELLE SKIPPER  
Address: 888 CLOVERLEAF BLVD  
DELTONA, FLORIDA 32725

*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*

Dawn Skipper

Required Signature/Registered Agent

NOVEMBER 17, 2010

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Dawn Skipper

Required Signature/Incorporator

NOVEMBER 17, 2010

Date

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