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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

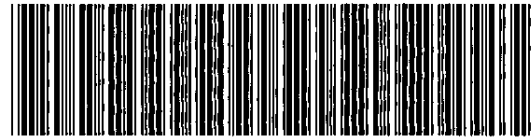
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Office Use Only

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 11/23

## COVER LETTER

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

**SUBJECT:** EXCELLAWN LANDSCAPING & SOD OF FLORIDA 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:** EVAN YOUMANS  
Name (Printed or typed)

PO BOX 411  
Address

LAKE PLACID, FLORIDA 33862  
City, State & Zip

(863) 441-3987  
Daytime Telephone number

michaelq5@live.com  
E-mail address: (to be used for future annual report notification)

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 8, 2010

EVAN YOUMANS  
POST OFFICE BOX 411  
LAKE PLACID, FL 33862

SUBJECT: EXCELLAWN LANDSCAPING & SOD OF FLORIDA INC.  
Ref. Number: W10000052226

We have received your document for EXCELLAWN LANDSCAPING & SOD OF FLORIDA INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 210A00026284

**EXCELLAWN LANDSCAPING & SOD, INC.  
PO BOX 411  
LAKE PLACID, FLORIDA 33862**

**FILED**  
**10 NOV 22 PM 1:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**November 15, 2010**

**Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314**

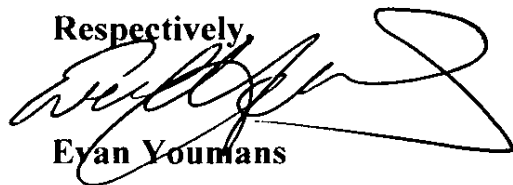
**Attn: Claretha Golden**

**Ref # W10000052226**

**I hereby release and have no intensions of reinstating Excellawn Landscaping & Sod, Inc. Please accept this letter as final closer of the above business.**

**Thank you for your assistance and if I can be of any further help please feel free to call me at 863 441-3987**

**Respectively,**



**Eyan Youmans**

**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: **EXCELLAWN LANDSCAPING & SOD OF FLORIDA INC.**

**ARTICLE II PRINCIPAL OFFICE**

**MAILING**  
**PO BOX 411**  
**LAKE PLACID, FL 33862**

**PRINCIPLE**  
**12 WATERS DR**  
**LAKE PLACID FL 33862**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**PROVIDE LAWCARE & LANDSCAPING SERVICES**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000 SHARES**

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

Name and Title: **EVAN YOUMANS**  
Address: **PO BOX 411**  
**LAKE PLACID, FL 33862**

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

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

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

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

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

**ARTICLE VI REGISTERED AGENT**

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

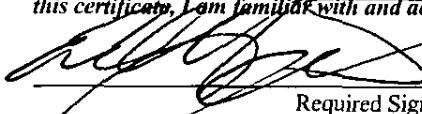
Name: **EVAN YOUMANS**  
Address: **12 WATERS DRIVE**  
**LAKE PLACID, FL 33852**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: **EVAN YOUMANS**  
Address: **PO BOX 411**  
**LAKE PLACID, FL 33862**

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

  
Required Signature/Registered Agent

**10/26/10**  
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.

  
Required Signature/Incorporator

**10/26/10**  
Date

**FILED**  
**10 NOV 22 PM 1:53**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**