

P1100 0003499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

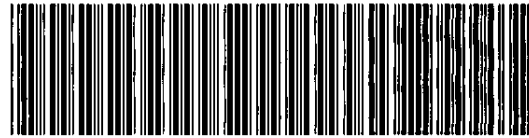
(Business Entity Name)

(Document Number)

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

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2011 JAN 11 AM 11:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 12 2011

W10-58742

**COVER LETTER**

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

**SUBJECT:** \_\_\_\_\_  
(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:** Zonia Clarissa Rodriguez  
Name (Printed or typed)

2631 Sabal Palm Dr.  
Address

Miramar Florida 33023  
City, State & Zip

786-417-0029  
Daytime Telephone number

valle\_07@hotmail.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
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**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:

EBS LAWN CARE, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2631 Sabal Palm Dr  
Miramar Florida 33023

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To do all kind of legal business in the State Of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Zonia Clarissa Rodriguez  
Address: 2631 Sabal Palm Drive  
Miramar Florida 33023

Name and Title: President, Vice President, Secretary  
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: Zonia Clarissa Rodriguez  
Address: 2631 Sabal Palm Dr  
Miramar Florida 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Zonia Clarissa Rodriguez  
Address: 2631 Sabal Palm Dr  
Miramar Florida 33023

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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]  
Required Signature/Registered Agent

12/17/2010  
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.

[Signature]  
Required Signature/Incorporator

12/17/2010  
Date