## P11000013694

•	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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02/08/11--01011--012 \*\*70.00

2011 FEB -8 PN # 40

T. Burch FEE 9 200

## **COVER LETTER**

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

SUBJECT: Orlovista Lawn Cut	ters, Inc.			
(PROPOSED CORPORA	TE NAME – MUST INCLUDE SUFFIX)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75  Filing Fee  & Certified Copy  & Certificate of  Status  ADDITIONAL COPY REQUIRED			
FROM: Roland Name	Brown (Printed or typed)			
45 South H	Audson Street			
Orlando, Fl. 32835 City, State & Zip				
(407) 59/- Daytime To	-1009 elephone number			
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 NA The name of the corpora	<u>ME</u> ation shall be: <i>Orlouista Lawn</i>	cutters, Inc	
<u> 4</u> .	INCIPAL OFFICE Principal <u>street</u> address South Hudsen Street rlands, Fl 32835	Mailing addr	ess, if different is:
ARTICLE III PUI The purpose for which homeowners in	RPOSE the corporation is organized is: To provide the Orlando area.	de lawn maintenence	services to
ARTICLE IV SH The number of shares o	f stock is:		
Name and Title:_ Address:	TIAL OFFICERS AND/OR DIRECTOR Roland Brown - CEO 45 South Hudgen Street Orlando, Fl. 32835	Name and Title:Address:	
Name and Title:_ Address:		Address:	
Name and Title:_ Address:		Address:	
ARTICLE VI RE	GISTERED AGENT		
	street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name: Address:	Roland Brown 45 South Hudon Street Orlandes F1 32835	_ _ _	
ARTICLE VII INC	CORPORATOR		
The name and address			
Name: Address:	Roland Brown 45 South Hudren Street Orlando, Fl 32835	_ _ _	
	s registered agent to accept service of proce miliar with and accept the appointment as re		
7	118-		12/05/11
	Required Signature/Registered Agent		<u>02/05/1/</u> Date
I submit this documen	at and affirm that the facts stated herein are tment of State constitutes a third degree felo	e true. I am aware that the fac	
70			02/20/11
	Required Signature/Incorporator		Date