

P110000017216

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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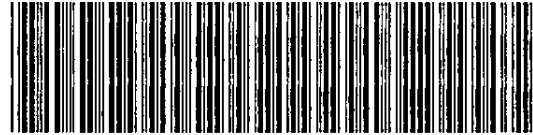
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/16/11--01008--023 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 FEB 16 AM 7:07

APPROVED
AND
FILED

W/N

COVER LETTER

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

SUBJECT: Natural Arts Landscape Design and Construction, 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: Matthew E McFadden
Name (Printed or typed)

860 North Orange Ave #353
Address

Orlando, Florida 32801
City, State & Zip

407-361-4463
Daytime Telephone number

matthewemcfadden@gmail.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Natural Arts Landscape Design and Construction, Inc

11 FEB 16 AM 7:07

ARTICLE II PRINCIPAL OFFICE

Principal street address
4785 Hidden Lane
St. Cloud, Florida 34771

Mailing address, if different is:
860 North Orange Ave #353
Orlando, Florida 32801

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Residential and commercial landscape design and installation services to Central Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard T. Realmuto, Principal
Address: 4785 Hidden Lane
St. Cloud, Florida 34771

Name and Title: Matthew E McFadden, Principal
Address: 860 North Orange Ave #353
Orlando, Florida 32801

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:

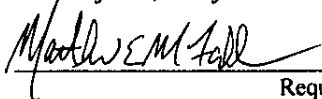
Name: Matthew E McFadden
Address: 860 North Orange Ave #353
Orlando, Florida 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Matthew E McFadden
Address: 860 North Orange Ave #353
Orlando, Florida 32801

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

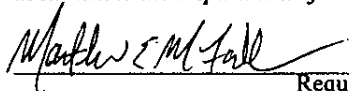


Required Signature/Registered Agent

2/14/2011

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

2/14/2011

Date