

P110000026150

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

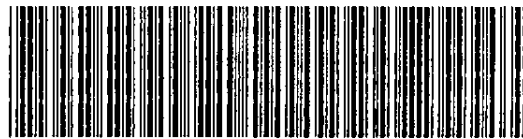
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 MAR 14 PM 4: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

8

COVER LETTER

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

SUBJECT: VERZATILE LAWN CARE 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: Antonio Loyd
Name (Printed or typed)

2646 Harry T. Moore Ave
Address

Mims Fla 32754
City, State & Zip

321-366-4317
Daytime Telephone number

www.VerzatileLawnCare.com
E-mail address: (to be used for future annual report notification)

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

2017 MAR 14 AM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

9/22/10

I Michael Shondale Jones release
the name Verzatile lawncare inc
to Antonio Loyd. I will not be
reinstating the business name.



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: VERZATILE LAWN CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2646 Harry T Moore Ave
Mims FL 32754

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and All LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 2000 shares issued @ .01 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antonio Loyd
Address: 2646 Harry T Moore
Mims FL 32754
President

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: Antonio Loyd
Address: 2646 Harry T Moore
Mims Fla 32754

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Antonio Loyd
Address: 2646 Harry T Moore
Mims Fla 32754

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

10/25/10
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

10/25/10
Date

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TALLAHASSEE, FLORIDA