

P/1000044664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

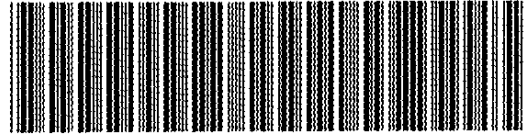
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W11-19792~~
W11-22286

Office Use Only



400200347464

04/06/11--01011--010 **78.75

FILED
11 MAY -9 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

✓

COVER LETTER

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

SUBJECT: ANGELSUZ LAWN SERVICES 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: ANGELO G SANTOS JR.

Name (Printed or typed)

2415 ABBY DR. APT. 103

Address

KISSIMMEE, FL 34741

City, State & Zip

(407) 414-9589

Daytime Telephone number

ANGELSUZ1@HOTMAIL.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

April 20, 2011

ANGELO G SANTOS JR.
2415 ABBY DR. APT. 103
KISSIMMEE, FL 34741

SUBJECT: ANGELSUZ LAWN SERVICES INC.
Ref. Number: W11000022256

We have received your document for ANGELSUZ LAWN SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

The registered agent must sign accepting the designation.

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 811A00009646

March 25th, 2011.

Carolyn Lewis
Regulatory Specialist II
New Filing Section

REF:Letter Number:
ANGELSUZ LAWN SERVICES INC.
Document Number: P07000057976

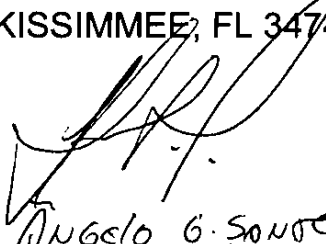
TO WHOM IT MAY CONCERN:

I Angelo G Santos Jr., have no INTENTION OF REINSTAT
the Administratively Dissolved Corporation.
I want to file a new corporation with the SAME NAME

ANGELSUZ LAWN SERVICES INC.
Document Number

Address

2415 ABBY DR. APT. 103
KISSIMMEE, FL 34741


ANGelo G. Santos Junior

If you need any further information, you may contact me at (407) 370-3686.

Thank You!

19 MAY -9 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

APPROVED
AND
FILED

ARTICLE I NAME ANGELSUZ LAWN SERVICES INC.
The name of the corporation shall be:

11 MAY -9 PM 5: 2:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
2415 ABBY DR. APT. 103
KISSIMMEE, FL 34741

Mailing address, if different from principal address
P.O. BOX 451941
KISSIMMEE, FL 34745-1941

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
LANDSCAPE AND LAWN SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: P. ANGELO G SANTOS JR
Address: 2415 ABBY DR. APT. 103
KISSIMMEE, FL 34741

Name and Title: VP. SUZANA G SANTOS
Address: 2415 ABBY DR. APT. 103
KISSIMMEE, FL 34741

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:

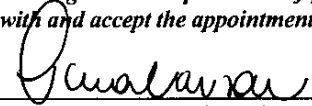
Name: Larson Accounting & Consulting Services LLC
Address: 8810 Commodity Circle, ste 17
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

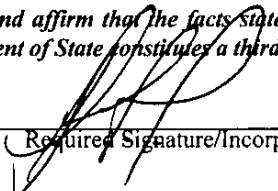
Name: Angelo G Santos Jr.
Address: 2415 Abby Dr. apt. 103
Kissimmee, FL 34741

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

05/04/2011
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

03/27/11
Date