# P11000046692

(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	Office Use On	ly	



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SEGRE LARY OF STATE

Toursh MAX 1 8 2011

### **COVER LETTER**

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

SUBJECT: 6 LandSC	OPING COF TENAMB-MUST INCLUDE SUFFIX)			
(PROPOSED CORPORAT	re name – <u>Must include suffix</u> )			
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED			
Falus in T to	V 100 S			
FROM: Edwin J. To	(Printed or typed)			
1415 NE 17	th Street			
Cape Coral	FL 33909 State & Zip			
239-673- Daytime Te	- 840 <del>2</del>			
eitlandscaping@hotmail.Com E-mail address: (to be used for future annual report notification)				

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



### RECEIVED

## FLORIDA DEPARTMENT DESTATEPH 1: 57 Division of Corporations Division of Corporations Division of Corporations

April 26, 2011

EDWIN J TORRES 1415 NE 17TH STREET CAPE CORAL, FL 33909

SUBJECT: EJT LANDSCAPING CO Ref. Number: W11000023292

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

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 411A00010078

The same



### FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED 11 MAY 16 PM 2:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 10, 2011

EDWIN J TORRE 1415 NE 17TH STREET CAPE CORAL, FL 33909

SUBJECT: EJT LANDSCAPING CO Ref. Number: W11000023292

We have received your document for EJT LANDSCAPING CO 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.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6928.

Tim Burch Regulatory Specialist II New Filing Section

Letter Number: 211A00011604

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: EJT Land	scaping Co.	•
ARTICLE II PRINCIPAL OFFICE		
Principal street address (	Mailing address,	if different is:
Cape Coval, EL 3390	9	
RTICLE III PURPOSE		~1
the purpose for which the corporation is organized is:	ı	A-88 38
Landscape and Shrubb	ery Service	II MAY IL
he number of shares of stock is: 100		
RTICLE V INITIAL OFFICERS AND/OR DIREC		<b>≥</b> m <b>5</b>
1/ 5	Wall Name and Title:	
Address: 1915 NE 1749 Street  Cape Coval, FL 33	Address:	
Name and Title:	Name and Title:	
	Address:	
Name and Title:	A 11	
Address:		
he name and Florida street address (P.O. Box NOT acceptable Name:	ole) of the registered agent is:	
Address: 1915 NE 19th Stre Cape Coral FC	et 33909	
ARTICLE VII INCORPORATOR		
he name and address of the Incorporator is:  Name: Edwin J. Torres.		
Name: Edwin J. Torres Address:	409	
Having been named as registered agent to accept service of public certificate, I am familiar with and accept the appointment a	rocess for the above stated corporation as registered agent and agree to act in t	at the place designated in his capacity
General Contraction of the Contr		4/20/11
Required Signature/Registered Agent	t	Date
submit this document and affirm that the facts stated herein locument to the Department of State constitutes a third degree	n are true. I am aware that the false t felony as provided for in s.817.155, F.S	information submitted in a
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