

P11000084692

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

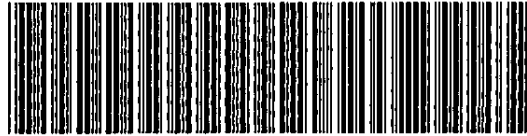
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

NO COPY 3



200212514572

09/26/11--01025--006 \*\*70.00

FILED

2011 SEP 26 PM 4: 32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 27 2011

**COVER LETTER**

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

**SUBJECT:** 4 x 4 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:** 4 x 4 Lawn Care, Inc.

Name (Printed or typed)

3510 SW 1st Ave

Address

Cape Coral, FL. 33914

City, State & Zip

(239) 851-2878

Daytime Telephone number

ekohl@usabiz.biz

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 NAME**

The name of the corporation shall be: **4 X 4 LAWN CARE, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**3510 SW 1ST AVE**  
**CAPE CORAL, FL 33914**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LEGAL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <b>DUSTIN J. HAMLIN</b>	Name and Title: _____
Address: <b>3510 SW 1ST AVE</b>	Address: _____
<b>CAPE CORAL, FL 33914</b>	_____
<b>PRESIDENT &amp; DIRECTOR</b>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **DUSTIN J. HAMLIN**  
Address: **3510 SW 1ST AVE**  
**CAPE CORAL, FL 33914**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **DUSTIN J. HAMLIN**  
Address: **3510 SW 1ST AVE**  
**CAPE CORAL, FL 33914**

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

*Dustin Hamlin*  
Required Signature/Registered Agent

9/21/11  
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.

*Dustin Hamlin*  
Required Signature/Incorporator

9/21/11  
Date

FILED

2811 SEP 26 PM 4: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA