## P11000086994

(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:				
WH-43395				

Office Use Only



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## **COVER LETTER**

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

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



August 19, 2011

RICHARD J. VANDERWYDE II 11458 SW 9TH STREET DAVIE, FL 33325

SUBJECT: GOT GRASS? LAWN CARE

Ref. Number: W11000043395

We have received your document for GOT GRASS? LAWN CARE and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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: 611A00019528

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



ARTICLE I	NAME GOT GRASS? LAW	N CARE INC	11.00=
The name of the co	rporation shall be:	NOAKL ) NOC.	11 OCT -3 PM 4: 42
ARTICLE II	PRINCIPAL OFFICE		SECODE Page 1
	Principal street address	Mailing a	SECRETARY OF STATE ddresgaf fingered V. OF STATE STREET ASSEE, FLORIDA
1	1458 SW 9TH STREET	<u>11458 SW 9ŤH</u>	STREET HONEL FLORIDA
	AVIE. FL 33325	DAVIE, FL 333	
_			
ARTICLE III	PURPOSE		
	hich the corporation is organized is:  L LAWFUL BUSINESS		
ARTICLE IV	SHARES es of stock is: 100		
	INITIAL OFFICERS AND/OR DIRECT		
	tle: RICHARD J. VANDERWYDE II, PRESIDE	Name and little:	
Address:	11458 SW 9TH STREET		
	DAVIE, FL 33325	<del>_</del>	***************************************
Name and Ti	*10.	Name and Title.	
Address:	tle:	Name and Title:	
Address.			
		<del></del>	
Name and Ti	tle:	Name and Title:	
Address:		Address:	
		<u> </u>	
		<del></del>	· · · · · · · · · · · · · · · · · · ·
	REGISTERED AGENT		
	rida street address (P.O. Box NOT acceptable)	) of the registered agent is:	
Name:	CHRISTINA FELS		
Address:	11458 SW 9TH STREET		
	DAVIE, FL 33325		
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	RICHARD J VANDERWYDE II		
Address:	11458 SW 9TH STREET	<del></del>	
	DAVIE, FL 33325	<del></del>	
	ed as registered agent to accept service of proc n familiar with and accept the appointment as i		
(1)	$\alpha \alpha \alpha$ .		Click
	Required Signature/Registered Agent		Date
t anhante et talla			A E
submit this docui locument to the De	ment and affirm that the facts stated herein i partment of State constitutes a third degree fel	are true. I am aware that the lony as provided for in s.817.15	jaise information submitted in a 5, F.S.
	11 1.1.11	•	0.4.4

Required Signature/Incorporator