

P12000008041

(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



200218105832

01/23/12--01025--003 **70.00

FILED

12 JAN 23 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPS
1/24/12

COVER LETTER

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

SUBJECT: Divine Greenery 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: Donald Hall
Name (Printed or typed)

11329 Susans Pointe Dr
Address

Clermont, FL 34711
City, State & Zip

407-929-8262
Daytime Telephone number

Divgreen@aol.com
E-mail address: (to be used for future annual report notification)

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

JANUARY 19, 2012

I DONALD HALL HAVE NO INTENTIONS OF REINSTATING THE COMPANY NAME, DIVINE
GREENERY INC.

FILED
12 JAN 23 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNED HERE

Donald Hall

ON THIS DATE

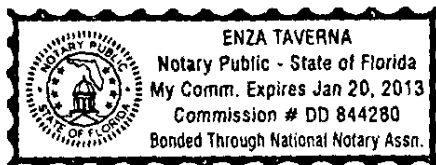
1/20/2012

WITNESSED BY NOTARY

Enza Taverna

DATE

1-20-12



Enza Taverna

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: Divine Greenery Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

11329 Susans Pointe dr
Clermont, FL 34711

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: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donald Hall - Owner - President Name and Title: _____

Address: 11329 Susans Pointe dr Address: _____
Clermont, FL 34711

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: Donald Hall
Address: 11329 Susans Pointe dr
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald Hall
Address: 11329 Susans Pointe dr
Clermont, FL 34711

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

Donald Hall

Required Signature/Registered Agent

1/18/2012
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.

Donald Hall

Required Signature/Incorporator

1/18/2012
Date

FILED
12 JAN 23 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA