

P120000013538

(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



200220363292

02/08/12--01019--025 \*\*78.75

RECEIVED  
DIVISION OF CORPORATIONS  
12 FEB -8 PM 5:02

2/8  
90

## COVER LETTER

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

SUBJECT: SIR FLOWERS LANDSCAPING, 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                                 & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM: Mr. ULYSSES A. JOHNSON  
Name (Printed or typed)

2140 N.W. 89 STREET  
Address

Miami, FL 33147  
City, State & Zip

(305) 305-8093  
Daytime Telephone number

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: SIR FLOWERS LANDSCAPING, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2140 N.W. 89 STREET  
MIAMI, FL. 33147

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

DOING GENERAL LANDSCAPING PROJECTS

**ARTICLE IV SHARES**

The number of shares of stock is: 1000 ORDINARY SHARES @ 50¢/each.

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

Name and Title: Mr. ULYSSES A. JOHNSON  
Address: 2140 NW 89 STREET  
MIAMI FL 33147

Name and Title: PRESIDENT  
Address: 2140 NW. 89 Street  
MIAMI FL 33147

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: ULYSSES A. JOHNSON  
Address: 2140 NW 89 STREET  
MIAMI, FL 33147

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ULYSSES A. JOHNSON  
Address: 2140 NW 89 STREET  
MIAMI FL 33147

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

Ulysses A. Johnson  
Required Signature/Registered Agent

2-6-12  
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.

Ulysses A. Johnson  
Required Signature/Incorporator

2-6-12  
Date

RECEIVED  
DIVISION OF CORPORATIONS  
12 FEB - 8 PM 5:00  
STATE OF FLORIDA