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2012 FEB 29 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Silvers FEB 29 2012

**COVER LETTER**

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

**SUBJECT: RICHIE'S 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: **JOSHUA OLIVER**

Name (Printed or typed)

**6518 AMI ANN CT.**

Address

**LAKELAND, FL 33813**

City, State & Zip

**863-646-9319**

Daytime Telephone number

**browns102184@yahoo.com**

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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**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: **RICHIE'S LAWN CARE <sup>INC</sup>** EIN:45-4623844

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**6518 AMI ANN CT**  
**LAKE LAND, FL 33813**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ALL LAWN CARE SERVICES AND ANY SERVICES ALLOWED BY LAW RELATING TO LAWN CARE**

**ARTICLE IV SHARES**

The number of shares of stock is:100

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

Name and Title: **JOSHUA OLIVER, PRESIDENT**

Address:

**6518 AMI ANN CT**  
**LAKE LAND, FL 33813**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: **JOSHUA OLIVER, PRESIDENT**

Address: **6518 AMI ANN CT**  
**LAKE LAND, FL 33813**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

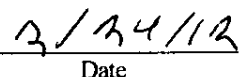
Name: **JOSHUA OLIVER, PRESIDENT**

Address: **6518 AMI ANN CT**  
**LAKE LAND, FL 33813**

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



Required Signature/Registered Agent

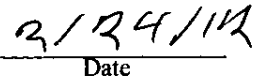


Date

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.



Required Signature/Incorporator



Date

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