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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
5/14/12

COVER LETTER

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

SUBJECT: MIKE CIOFFI LAWN SERVICE, 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: **MICHAEL CIOFFI**

Name (Printed or typed)

16061 EAST CHELTENHAM DRIVE

Address

LOXAHATCHEE, FL 33470

City, State & Zip

561-791-0091

Daytime Telephone number

CIOFFI M@BELLSOUTH.NET

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: **MIKE CIOFFI LAWN SERVICE, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
16061 EAST CHELTENHAM DRIVE
LOXAHATCHEE, FL 33470

FILED
12 MAY 11 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different from above: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**LAWN MAINT. / LANDSCAPING / INSTALLATION / REMOVAL / LANDSCAPE
CONSULTATION /**

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **MICHAEL J. CIOFFI / PRESIDENT**
Address: **16061 EAST CHELTENHAM DRIVE**
LOXAHATCHEE, FL 33470

Name and Title: **LAURA A. CIOFFI / SECRETARY**
Address: **16061 EAST CHELTENHAM DRIVE**
LOXAHATCHEE, FL 33470

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: **MICHAEL J. CIOFFI**
Address: **16061 EAST CHELTENHAM DRIVE**
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **MICHAEL J. CIOFFI**
Address: **16061 EAST CHELTENHAM DRIVE**
LOXAHATCHEE, FL 33470

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

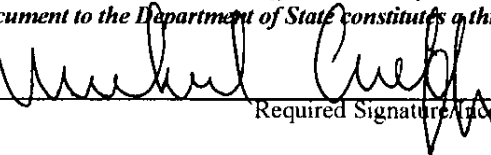


Required Signature/Registered Agent

05/08/2012

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.



Required Signature/Incorporator

05/08/2012

Date