

P12000044686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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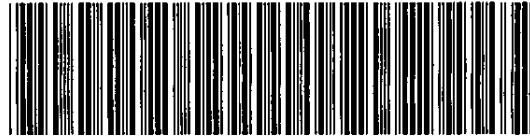
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 MAY 11 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bureau MAY 14 2012

COVER LETTER

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

SUBJECT: S&R CLEAN CUT LAWN SERVICES 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: SUZETTE McCLENDON

Name (Printed or typed)

2901 BURROUGHS DRIVE apt.6

Address

ORLANDO, FLORIDA 32818

City, State & Zip

407-715-2208

Daytime Telephone number

suzette72203@gmail.com

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: **S&R CLEAN CUT LAWN SERVICES Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2901 BURROUGHS DRIVE apt.6
ORLANDO, FLORIDA 32818

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE LAWN CARE SERVICES RESIDENTIALLY AND COMMERCIALY.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DIRECTOR: SUZETTE McCLENDON**
Address: **2901 BURROUGHS DRIVE**
ORLANDO FLORIDA 32818

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:

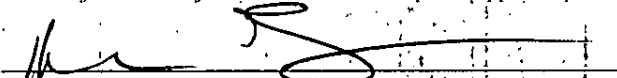
Name: **HEARLOW FRANCIS**
Address: **1609 PRESIDIO DRIVE**
CLERMONT, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **HEARLOW FRANCIS**
Address: **1609 PRESIDIO DRIVE**
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:


Required Signature/Registered Agent

5/08/2012

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

5/08/2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA