

P120000054559

(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



800236216938

06/15/12--01023--009 **78.75

FILED
12 JUN 15 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

114

COVER LETTER

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

SUBJECT: _____

MJ 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: _____

PATCY REAGAN

Name (Printed or typed)

115 PINE DR.

Address

LAKE PLACID, FL. 33852

City, State & Zip

863-441-6538

Daytime Telephone number

P. REAGAN @ YAHOO . 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:

M. J. LAWN CARE, INC.

FILED

JUN 15 PM 2:00

ARTICLE II PRINCIPAL OFFICE

Principal street address

434 LEAHY DRIVE
LAKE PLACID, FL. 33852

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN SERVICE

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATSY REAGAN-PRES

Address: 115 PINE DR.

LAKE PLACID, FL. 33852

Name and Title:

Address:

Name and Title: JAMES REAGAN-SECRETARY

Address: 434 LEAHY DRIVE

LAKE PLACID, FL. 33852

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: PATSY REAGAN

Address: 115 PINE DR.

LAKE PLACID, FL. 33852

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PATSY REAGAN

Address: 115 PINE DR.

LAKE PLACID, FL. 33852

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

Patsy Reagan

Required Signature/Registered Agent

6-11-2012

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.

Patsy Reagan

Required Signature/Incorporator

6-11-2012

Date