12000057150

(Requestor's Name)	100236758941		
(Address)			
(Address)	. 100200700011		
(City/State/Zip/Phone #)	-		
PICK-UP WAIT MAIL			
(Business Entity Name)	-		
(Document Number)	· 06/25/1201033014 **70.00		
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	12 JU		
	THAT IS THE SERVICE OF THE SERVICE O		
	MP/12		

Office Use Only

COVER LETTER

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

SUBJECT: Young's Nursery & Landscaping Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

osed are an original and one (1) copy of the arm	cies of incorporation and a check for.	
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED	
FROM: R WAYNE YOUNG	(Printed or typed)	
14740 LURAY ROAD) Address	
SOUTHWEST RANCHES FL 33330 City, State & Zip		
954-434-8285 Daytime T	elephone number	
R. WAYNE YOUNG @ C E-mail address: (to be used	GMAIL - COM If 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)

The name of the corpor		LANDSCAPING INC	
147 SO	RINCIPAL OFFICE Principal street address 740 LURAY ROAD UTHWEST RANCHES 33330	SAME	ddress, if different is:
ARTICLE III PU The purpose for which OPERATE NUF	RPOSE h the corporation is organized is: RSERY AND LANDSCAPING SERV	ICE AND ANY OTH	IER LAWFUL BUSINESS
ARTICLE IV SI	of stock is 500		TSUM 25 P
Name and Title: Address:	ITTIAL OFFICERS AND/OR DIRECTORS R WAYNE YOUNG 14740 LURAY ROAD SOUTHWEST RANCHES FL 33330	Name and Title:Address:	
Name and Title: Address:		Address:	
Name and Title: Address:		Address:	
	EGISTERED AGENT a street address (P.O. Box NOT acceptable) of t R WAYNE YOUNG 14740 LURAY ROAD SOUTHWEST RANCHES FL 3333		
	ICORPORATOR SE of the Incorporator is: R WAYNE YOUNG 14740 LURAY ROAD SOUTHWEST RANCHES FL 3333		
	as registered agent to accept service of process amilian with and accept the appointment as registered Agent		
	nt and affirm that the facts stated herein are in the facts st		