

P12000062110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

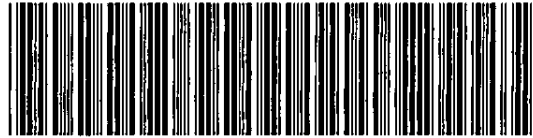
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500237025955

07/13/12--01018--011 **78.75

FILED
12 JUL 13 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
7/16/12

COVER LETTER

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

SUBJECT: Lawn Enforcer, 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: Christopher Baltra
Name (Printed or typed)

6334 Gondola Dr.
Address

Riverview, FL 33578
City, State & Zip

813-466-8045
Daytime Telephone number

lawnenforcerfl@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: Lawn Enforcer, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6334 Gondola Dr.
Riverview, FL 33578

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
maintain & service lawns/landscapes

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 01

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Christopher Baltra, Owner</u>	Name and Title: _____
Address: <u>6334 Gondola Dr.</u>	Address: _____
<u>Riverview, FL 33578</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

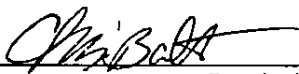
Name: Christopher Baltra
Address: 6334 Gondola Dr.
Riverview, FL 33578

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Baltra
Address: 6334 Gondola Dr.
Riverview, FL 33578

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

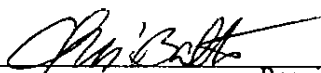


Required Signature/Registered Agent

7/2/12

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

7/2/12

Date