

PI 2000085706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

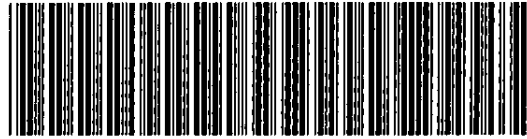
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000240577880

10/09/12--01018--003 **87.50

FILED
12 OCT -9 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL CITY

10-10-12
B

COVER LETTER

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

SUBJECT: Eden Lawn Care of Volusia County 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: William Thomas Irvin
Name (Printed or typed)

118 N Orange Ave
Address

Deland, FL 32720
City, State & Zip

901-428-8460
Daytime Telephone number

eden.investing@mail.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: **Eden Lawn Care of Volusia County Inc**

ARTICLE II PRINCIPAL OFFICE

Principal street address
118 N Orange Ave
Deland, FL 32720

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality lawn service to the communities of Volusia County

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **William Thomas Irvin Director**
Address: **118 N Orange Ave**
Deland, FL 32720

Name and Title: **Wade Shiu Director**
Address: **3309 English Brick Trail**
Deland, FL 32724

Name and Title: **Carrie Shiu Servicing Agent**
Address: **3309 English Brick Trail**
Deland, FL 32724

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: **Carrie Shiu**
Address: **3309 English Brick Trail**
Deland, FL 32724

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **William Thomas Irvin**
Address: **118 N Orange Ave**
Deland, FL 32720

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

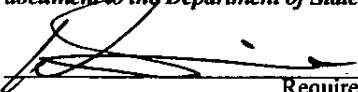


Required Signature/Registered Agent

3 Oct 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

3 Oct 2012

Date

FILED
12 OCT -9 PM 4:56
SECRETARY OF STATE
TALLAHASSEE, FL