

Division of Corporations

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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : DENNIS IGLAY
Account Number : 120070000077
Phone : (386) 761-2360
Fax Number : (321) 445-4725

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: LARRY LAWN 4 @ GMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

Atlantic Coast Landscaping Inc

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Atlantic Coast Landscaping 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: Lawrence Mayfield**

Name (Printed or typed)

1998 Avocado Drive

Address

Port Orange FL 32128

City, State & Zip

386-262-2513

Daytime Telephone number

Larrylawn4@gmail.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: **Atlantic Coast Landscaping Inc****ARTICLE II PRINCIPAL OFFICE**Principal street address
1098 Avocado Drive
Port Orange FL 32128

Mailing address, if different is:

Same

_____**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: **Landscaping Services****ARTICLE IV SHARES**The number of shares of stock is: **100****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Lawrence Mayfield Pres. Vpres. Sec. Treas.
Address: 1098 Avocado Drive
Port Orange FL 32128Name 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: Lawrence Mayfield
Address: 1098 Avocado Drive
Port Orange FL 32128**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Dennis Igley
Address: 4119 South Peninsula Drive
Port Orange FL 32127

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

Lawrence Mayfield
Required Signature/Registered AgentNov 21, 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.

Dennis Igley
Required Signature/Incorporator11-21-12
Date

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