

PI3000009119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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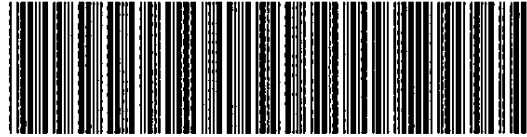
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 25 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Deep Roots Property Maintenance, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Scaglione

Name (Printed or typed)

6826 16th Street

Address

Zephyrhills, Fl. 33542

City, State & Zip

813-767-3627

Daytime Telephone number

jjscag@gmail.com ✓

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: **Deep Roots Property Maintenance, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
6826 16th Street
Zephyrhills, Fl. 33542

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **Property Maintenance**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Joseph Scaglione/President**
Address: **6826 16th Street**
Zephyrhills, Fl. 33542

Name and Title: **Bobby Wade/Vice President**
Address: **6124 Merrifield Dr.**
Zephyrhills, Fl. 33541

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: **Joseph Scaglione**
Address: **6826 16th Street**
Zephyrhills, Fl. 33542

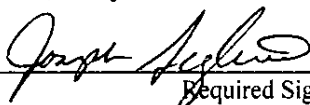
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **Bobby Wade**
Address: **6124 Merrifield Dr.**
Zephyrhills, Fl. 33541

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1/22/13
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

1-22-13
Date