

P13000017105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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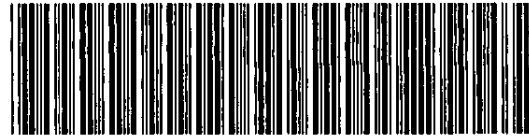
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 20 AM 10:22

UH

## COVER LETTER

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

SUBJECT: Cuttin' It Up Lawn Care, Landscaping and Outdoor Services 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: Montrell Kenton  
Name (Printed or typed)

653 Woodson Rd  
Address

Monticello, FL 32349  
City, State & Zip

850-728-6936  
Daytime Telephone number

cuttinitinc@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)

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**ARTICLE I NAME**

The name of the corporation shall be: Cuttin' In Close Lawn Care, Landscaping and Outdoor Services Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

653 Woodson Rd  
Monticello, FL 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To safely conduct outdoor services throughout the state of Florida. Using a flat organization chart in order to please our customers in a short period of time.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|   |   |
|---|---|
| Name and Title: <u>Montrell Keaton, President</u> | Name and Title: <u>Pamela Woodson, Vice President</u> |
|---|---|

|                               |                                     |
|-------------------------------|-------------------------------------|
| Address <u>653 Woodson Rd</u> | Address: <u>3311 Golden Rain Dr</u> |
| <u>Tallahassee, FL 32344</u>  | <u>Tallahassee, FL 32303</u>        |

|                       |                       |
|-----------------------|-----------------------|
| Name and Title: _____ | Name and Title: _____ |
|-----------------------|-----------------------|

|               |                |
|---------------|----------------|
| Address _____ | Address: _____ |
|---------------|----------------|

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| Name and Title: _____ | Name and Title: _____ |
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| Address _____ | Address: _____ |
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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: Montrell Keaton  
Address: 653 Woodson Rd  
Monticello, FL 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Montrell Keaton  
Address: 653 Woodson Rd  
Monticello, FL 32344

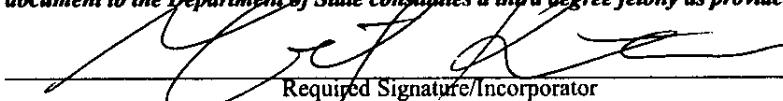
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Required Signature/Registered Agent

20130210

\_\_\_\_\_  
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

20130210

\_\_\_\_\_  
Date