

P13000021651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

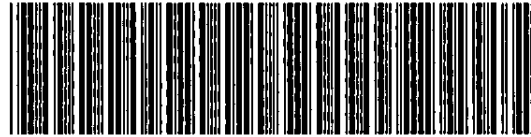
(Business Entity Name)

(Document Number)

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

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13 MAR -8 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: B Esposito & Sons Quality 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: Cari Card  
Name (Printed or typed)

6261 Grapewood Rd  
Address

Spring Hill Florida 34609  
City, State & Zip

1-352-515-5381  
Daytime Telephone number

~~BEQUALITYLAWN@aol.com~~ BEQUALITYLAWN@aol.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: B Esposito & Sons Quality Landscaping Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6261 Grapewood Rd  
Spring Hill Florida  
34609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: maintain & care for  
residential / commercial properties

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title:	<u>Ben Esposito Pres</u>	Name and Title:	<u>Cari Card Secretary</u>
Address	<u>6261 Grapewood Rd</u> <u>Spring Hill FL</u> <u>34609</u>	Address:	<u>6261 Grapewood Rd</u> <u>Spring Hill Florida</u> <u>34609</u>

Name and Title:	<u>Cari Card Treasurer</u>	Name and Title:	_____
Address	<u>6261 Grapewood Rd</u> <u>Spring Hill Florida</u> <u>34609</u>	Address:	_____ _____ _____

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

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TALLAHASSEE, FLORIDA

(conti.)

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: Cari Card  
Address: 6261 Grapewood Rd  
Spring Hill Florida  
34609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Benedetto C Esposito Jr.  
Address: 6261 Grapewood Rd  
Spring Hill Florida  
34609

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TALLAHASSEE FLORIDA

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*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*

Cari Card  
Required Signature/Registered Agent

3-1-2013  
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.*

Benny Esposito  
Required Signature/Incorporator

3-1-2013  
Date