

P13000033342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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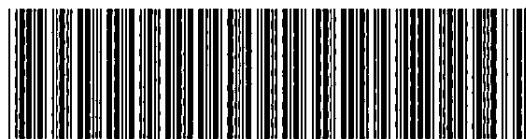
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/12/13--01006--008 **78.75

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 APR 12 AM 11:05
NOTIFICATION
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
13 APR 12 AM 11:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

END 4/12

COVER LETTER

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

SUBJECT:

Nick's Tree & Lawn Service, 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:

Nicholas Johnson

Name (Printed or typed)

3063 Carriage Manor Cir. #25

Address

Tallahassee, FL 32304

City, State & Zip

(850) 291-5215

Daytime Telephone number

darkgoaita@yahoo.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: Nick's Tree + Lawn Service Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3063 Carriage Manor Cir. #25
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Tree and lawn care service

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nicholas Johnson Name and Title: _____

Address: 3063 Carriage Manor Address: _____
Cir. #25 Tallahassee, FL
Pres. 32304

Name and Title: _____ Name and Title: _____

Address: _____ 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: Nicholas Johnson
Address: 30103 Carriage Manor Cir.
#25 Tallahassee, FL 32304

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nicholas Johnson
Address: 30103 Carriage Manor Cir.
#25 Tallahassee, FL 32304

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

Nick Johnson 4/12/15
Required Signature/Registered Agent 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.

Nick Johnson 4/12/15
Required Signature/Incorporator Date