

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000098828 3)))



H130000988283ABC6

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : DORAL NOTARY CORPORATE FILING, INC.  
Account Number : I20120000057  
Phone : (305) 436-0979  
Fax Number : (305) 592-5575

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

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
ABLE LAWN CARE & SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
13 MAY -1 PM 3:28  
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

H13000022828

**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: ABLE LAWN CARE & SERVICES, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

740 W 34 StHialeah, FL 33012**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful busines**ARTICLE IV SHARES**The number of shares of stock is: 100 shares**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Jesenia Perez ( President)

Name and Title: \_\_\_\_\_

Address 740 W 34 St

Address: \_\_\_\_\_

Hialeah, FL 33012Name and Title: Carlos A. Perez, Jr. (VPresident)

Name and Title: \_\_\_\_\_

Address 740 W 34 St

Address: \_\_\_\_\_

Hialeah, FL 33012

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
13 MAY -1 PM 1:25  
HIALEAH, FL 33012

H13000028800

H13000098828

(cont)

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: Jesenia Perez  
 Address: 740 W 34 ST  
Hialeah, FL 33012

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Jesenia Perez  
 Address: 740 W 34 ST  
Hialeah, FL 33012

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

→ Jesenia Perez  
 Required Signature/Registered Agent

05/01/2013

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.817.113, F.S.

→ Jesenia Perez  
 Required Signature/Incorporator

05/01/2013

Date

H13000098828

FILED  
 13 MAY -1 PM 4:25  
 TALLAHASSEE  
 STATE DEPT OF REVENUE