

# PI3000060016

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORIGINAL

COVER LETTER

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

SUBJECT: GreenBusters 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: PETER RIVERA  
Name (Printed or typed)

1648 CYPRESS DRIVE  
Address

FORT MYERS, FLORIDA 33907  
City, State & Zip

239-823-4173  
Daytime Telephone number

greenbusters239@gmail.com ✓  
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**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: GreenBusters Landscaping Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1648 CYPRESS DRIVE

FORT MYERS, FLORIDA 33907

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: to maintain lawns and  
better the beauty of communities.

**ARTICLE IV    SHARES**

The number of shares of stock is: 3

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

Name and Title: PETER RIVERA / OWNER

Address 1648 CYPRESS DRIVE

FORT MYERS, FLORIDA 33907

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

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

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

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

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

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

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

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: PETER RIVERA

Address: 1648 CYPRESS DRIVE

FORT MYERS, FLORIDA 33907

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: PETER RIVERA

Address: 1648 CYPRESS DRIVE

FORT MYERS, FLORIDA 33907

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TALLAHASSEE, FLORIDA

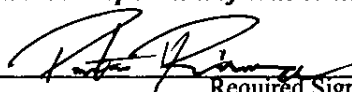
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



Required Signature/Registered Agent

July 10, 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.*



Required Signature/Incorporator

July 10, 2013  
Date