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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **LUIS ROSA GARDEN SERVICES CORP.**
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **LUIS ROSA**
Name (Printed or typed)
11045 SW 16 ST, APT 309
Address
PEMBROKE PINES, FL 33025
City, State & Zip
786-314-2520
Daytime Telephone number
LUIS.LANDSCAPING@HOTMAIL.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: LUIS ROSA GARDEN SERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

LUIS ROSA

Mailing address, if different is:

11045 SW 16 ST, APT 309

PEMBROKE PINES, FL 33025

11045 SW 16 ST, APT 309
PEMBROKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

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ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLORIA I LOPEZ, VP

Name and Title: _____

Address 11045 SW 16 ST, APT 309

Address: _____

PEMBROKE PINES, FL 33025

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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: LUIS ROSA
Address: 11045 SW 16 ST, APT 309
PEMBROKE PINES, FL 33025

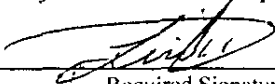
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ARTICLE VII INCORPORATOR

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

Name: LUIS ROSA
Address: 11045 SW 16 ST, APT 309
PEMBROKE PINES, FL 33025

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

7/31/2013
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

7/31/2013
Date