

08/12/2013 05:14

#0219 1 001/004

P13000080525

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.

((H13000215857 3)))



H130002158573ABCM

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 : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

****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 CHEPE'S LAWN SERVICE, CORP.

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

FILED
13 SEP 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
13 SEP 30 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

MRS 10/1/13

08/12/2031 05:15
000 01. 0001

9/30/2013 1:41:23 PM PAGE 1/001 Fax Server

#0219 P.002/004



September 30, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: CHEPE'S LAWN SERVICE, CORP.
REF: W13000054125

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refile this document until the quality has been improved.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

FAX Aud. #: E13000215857
Letter Number: 813A00022894

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: Chepe's Lawn Service, Corp.ARTICLE II PRINCIPAL OFFICE

Principal street address

5095 Odin Street Spring Hill, FL 346085095 Odin Street Spring Hill, FL 34608

Mailing address, if different is:

5095 Odin Street Spring Hill, FL 346085095 Odin Street Spring Hill, FL 34608ARTICLE III PURPOSEThe purpose for which the corporation is organized is: Residential and Commercial Lawn services providersARTICLE IV SHARES 100The number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: Andrea Rodriguez / PresidentAddress: 5095 Odin Street Spring Hill, FL 34608Name and Title: Jose V. Rodriguez / V- PresidentAddress: 5095 Odin Street Spring Hill, FL 34608

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
13 SEP 30 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

FILED

13 SEP 30 AM 11:57

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Andrea RodriguezAddress: 5095 Odin Street Spring Hill, FL 34608**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Jose RodriguezAddress: 5095 Odin Street Spring Hill, FL 34608

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:

Andrea Rodriguez
Required Signature Registered Agent

09/26/2013

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.

Jose Rodriguez
Required Signature Incorporator

09/26/2013

Date