

P13000085457

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

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13 OCT 18 PM 3:02

DIVISION OF CORPORATION

13 OCT 18 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: THE LAWNNERY OF TALLAHASSEE, 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

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

FROM: LEE HAMPTON
Name (Printed or typed)

3539 APALACHTEE PKWY STE 371 UNIT 3
Address

TALLAHASSEE, FL 32311
City, State & Zip

(850) 228-9818
Daytime Telephone number

rhenterprisesof@gmail.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: THE LAWNNERY OF TALLAHASSEE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3539 APALACHSEE PKWY SUITE #371

UNIT 3

TALLAHASSEE, FL 32311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEE HAMPTON (PRESIDENT) Name and Title: _____

Address: 3539 APALACHSEE PKWY #371 Address: _____
UNIT 3
TALLAHASSEE, FL 32311

Name and Title: ROBERT ADAMS (V.P.) Name and Title: _____

Address: 1011 N DEWEY ST Address: _____
TALLAHASSEE, FL 32304

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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(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: ROBERT ADAMS
Address: 1011 N DEWEY ST
TALAHASSEE, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEE HAMPTON
3539 APALACHE PLWY STE 371
Address: UNIT 3
TALAHASSEE, FL 32311

SECRETARY OF STATE
TALAHASSEE, FLORIDA

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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

Robert Adams

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.

[Signature]

Required Signature/Incorporator

Date