

P 130000 95721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

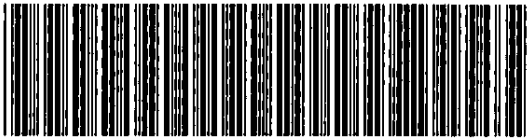
(Business Entity Name)

(Document Number)

Certified Copies 5 Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



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10/03/13--01002--001 **/8.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 PM 1:27

[Handwritten signature]
10/2/13

COVER LETTER

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

SUBJECT: Jacobo 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

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

FROM: **Carlos Jacobo**
Name (Printed or typed)

101 Los Arbor Dr.
Address

DeLand, FL 32724
City, State & Zip

386-717-5077
Daytime Telephone number

carlosjacobos81@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 4, 2013

CARLOS JACOBO
101 LOS ARBOR DRIVE
DELAND, FL 32724

SUBJECT: JACOBO LANDSCAPING, INC.
Ref. Number: W13000055411

RECEIVED
13 OCT 18 AM 10:44
REGISTRY OF THE STATE
TALLAHASSEE, FLORIDA

We have received your document for JACOBO LANDSCAPING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.
<http://www.sunbiz.org/titledef.html>.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 113A00023396

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: Jacobo Landscaping, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 Los Arbor Dr.
DeLand, FL 32724

Mailing address, if different is:

P.O. Box 1705
DeLeon Springs, FL 32130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawn Care and Landscaping
Business.

ARTICLE IV SHARES

The number of shares of stock is: 2 (two)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 18 AM 1:27

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Jacobo, President Name and Title: Petra Jacobo, Vice President

Address: 101 Los Arbor Dr. Address: 101 Los Arbor Dr.
DeLand, FL 32724 DeLand, FL 32724

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: Carlos Jacobo
 Address: 101 Los Arbor Dr.
DeLand, FL 32724

ARTICLE VII INCORPORATOR

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

Name: Petra Jacobo
 Address: 101 Los Arbor Dr.
DeLand, FL 32724

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

Carlos Jacobo _____ 10/13/13 _____
 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.

Petra Jacobo _____ 10/13/13 _____
 Required Signature/Incorporator Date