

P/3000096002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

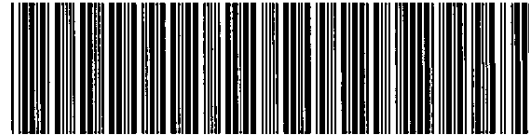
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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14 AUG 21 AM 9:15

Rev. of D3.

08/26/14

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

16 AUG 21 PM 4:27
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 4, 2014

WILLIAM ROSE
EVOLUTION LAWN CARE INC
5005 S. KALIGA DR.
ST. CLOUD, FL 34771

SUBJECT: EVOLUTION LAWN CARE INC
Ref. Number: P13000096002

We have received your document for EVOLUTION LAWN CARE INC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

The fee to file your document is \$35.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Darlene Connell
Regulatory Specialist III

Letter Number: 514A00015234

COVER LETTER

RECEIVED

14 JUL 15 AM 8:58

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: **EVOLUTION LAWN CARE, INC**

DOCUMENT NUMBER: **P13000096002**

The enclosed *Articles of Revocation of Dissolution* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILLIAM ROSE

Name of Contact Person

EVOLUTION LAWN CARE, INC

Firm/Company

1424 HAMLIN AVE. UNIT G

Address

ST. CLOUD FLORIDA 34771

City/State and Zip Code

EVOLUTIONLAWNCAREINC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WILLIAM ROSE

Name of Contact Person

At **(407) 6976468**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee,
Certificate of Status &
Certified Copy
(Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF REVOCATION OF DISSOLUTION

Pursuant to section 607.1404, Florida Statutes, this Florida profit corporation revokes its Articles of Dissolution prior to the expiration of 120 days following the effective date (or file date, if no effective date) of the Articles of Dissolution:

FIRST: The name of the corporation is: EVOLUTION LAWN CARE, INC

SECOND: The document number of the corporation (if known) is P13000096002

THIRD: The effective date (or file date, if no effective date) of the Articles of Dissolution filed with the Florida Department of State is 05/02/2014

FOURTH: The Revocation of Dissolution was authorized on 05/05/2014

FIFTH: Adoption of Revocation of Dissolution (check one)

- ☐ The board of directors revoked the dissolution.
- ☐ The incorporators revoked the dissolution.
- ☐ The board of directors revoked the dissolution authorized by the shareholders and revocation was permitted by action by the board of directors alone pursuant to that authorization.
- ☒ The shareholders revoked the dissolution and the number of votes cast was sufficient for approval.
- ☐ The shareholders revoked the dissolution by voting groups - the number of votes cast by _____ was sufficient for approval.
(Voting group)

SIXTH: A copy of the Articles of Dissolution is attached.

Signature



(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

WILLIAM ROSE

(Typed or printed name of person signing)

COO

(Title of person signing)

FILING FEE \$35

FILED
14 AUG 21 AM 9:15

FILED
May 02, 2014
Secretary of State

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida corporation submits the following Articles of Dissolution:

- FIRST:** The name of the corporation as currently filed with the Florida Department of State:
EVOLUTION LAWN CARE INC
- SECOND:** The document number of the corporation: P13000096002
- THIRD:** The date dissolution was authorized: May 2, 2014
Effective date of dissolution: May 2, 2014
- FOURTH:** Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DEAN HALE CEO
Electronic Signature of Signing Officer, Director, Incorporator or Authorized Representative

FILED
May 02, 2014
Secretary of State

Notice of Corporate Dissolution

This notice is submitted by the dissolved corporation named below for resolution of payment of unknown claims against this corporation as provided in s. 607.1407, F.S.

Name of Corporation:

EVOLUTION LAWN CARE INC

Date of dissolution will be the date the dissolution is filed with the Department of State or as specified in the Articles of Dissolution.

Description of information that must be included in a claim:

VOLUNTARY DISSOLUTION

Mailing address where claims can be sent:

1424 HAMLIN AVE
UNIT G
SAINT CLOUD, FL 34741

A claim against the above named corporation will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.155, Florida Statutes.

Signature: DEAN HALE

Electronic Signature of the Person Filing