

P1300001000/3

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

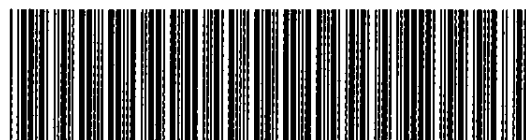
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/13--01016--003 **78.75

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13 DEC 16 AM 10:11
REGISTRATION

[Signature]
12-17-13

COVER LETTER

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

SUBJECT: Steve Lipes Outdoor Services, 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

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Steve Lipes Outdoor Services, Inc.
Name (Printed or typed)

524 NW 1st Terrace

Address

Cape Coral, Florida 33993

City, State & Zip

239-565-3366

Daytime Telephone number

SteveLipes@icloud.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)

SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
23 DEC 16 AM 10:11

ARTICLE I NAME

The name of the corporation shall be: Steve Lipes Outdoor Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

524 NW 1st Terrace

Cape Coral, Florida 33993

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lawncare and any other lawfull business.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John S. Lipes, President

Name and Title: _____

Address 524 NW 1st Terrace

Address: _____

Cape Coral, Florida 33993

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: John S. Lipes

Address: 524 NW 1st Terrace

Cape Coral, Florida 33993

ARTICLE VII INCORPORATOR

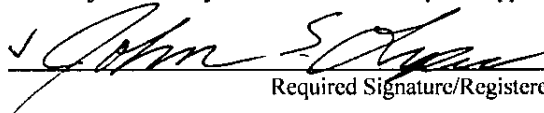
The name and address of the Incorporator is:

Name: John S. Lipes

Address: 524 NW 1st Terrace

Cape Coral, Florida 33993

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

December 5, 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

December 5, 2013
Date