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COVER LETTER

Doc# W13000041836

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

SUBJECT: Bo	Knows Lowe Cu	rtis Lawn Care	e Inc.	
-	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
\$70.00 Filling Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM: M	lelvin Nelson			
	Nam	e (Printed or typed)	· · · · · · · ·	
62	24 Purcell Dr			
		Address		
Ja	acksonville, FL 3	2210 State & Zip		
90	04-450-2877	•		
Daytime Telephone number				

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

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



August 30, 2013

BOKNOWS LOWE CURTIS LAWN CARE INC 624 PARCELL DR. JACKSONVILLE, FL 32221

We have received your document for BOKNOWS LOWE CURTIS LAWN CARE INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 113A00018046

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

name of the corporation shall be: BO Knows Lowe Corporation shall be: Principal office Principal street address 4 Purcell Dr		:	2014 JAN - 9 PM 4: 05 Mailing address, if different is:	
acksonville	, FL 32210			
ETICLE III PU purpose for which PIVICE.	RPOSE 1 the corporation is organized is:	the greater jac	ksonville area with an exceller	
				
	of stock is: ITIAL OFFICERS AND/OR DIRECTOR		Curtis Lowe/President	
number of shares	of stock is:		Curtis Lowe/President 1250 Spring Creek Ct	
e number of shares of the shares of the share and Ti	of stock is: ITTIAL OFFICERS AND/OR DIRECTOR tle: Melvin Nelson/President	Name and Title		
e number of shares of shares of the share and Tine Address	TITIAL OFFICERS AND/OR DIRECTOR tle: Melvin Nelson/President 624 Purcell Dr Jacksonville, FL 32210	Name and Title: Address:	1250 Spring Creek Ct	
e number of shares of shares of the share and Tine Address	TITIAL OFFICERS AND/OR DIRECTOR tle: Melvin Nelson/President 624 Purcell Dr Jacksonville, FL 32210	Name and Title: Address:	1250 Spring Creek Ct Jacksonville, FL 32218	
Name and Tit	TITIAL OFFICERS AND/OR DIRECTOR tle: Melvin Nelson/President 624 Purcell Dr Jacksonville, FL 32210	Name and Title: Address: Name and Title:	1250 Spring Creek Ct Jacksonville, FL 32218	
Name and Tit Address	TITIAL OFFICERS AND/OR DIRECTOR tle: Melvin Nelson/President 624 Purcell Dr Jacksonville, FL 32210 Rhonda Lowe/Director 1250 Spring Creek Ct.	Name and Title: Address: Name and Title: Address:	1250 Spring Creek Ct Jacksonville, FL 3221	

FILEU SECRETARY OF STATE DIVISION OF CORPORATION

Name and Address	Title:	Name and Title: 2014 JAN - 9 Address:	PM 4: 05
ARTICLE VI	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	Melvin Nelson	- the registered agent is.	
Address:	624 Purcell Dr.		
	Jacksonville, FL 32210	_	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Curtis Lowe	_	
Address:	1250 Spring Creek Ct	_	
	Jacksonville, FL 32218	-	
this certificate, I p	ed as registered agent to accept service of process m familiar with and accept the appointment as reg Required Signature/Registered Agent	gistered agent and agree to	
	Required S gnature/Registered Agent		Date
I submit this docu	ment and affirm that the facts stated herein are epartment of State constitutes a third degree feloi	true. I am aware that the	false information submitted in a 155, F.S.
Ma	Required Signature/Incorporator		/-/0 - 2014. Date