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14 JAN 21 AM 8:09
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Handwritten signature and date 1-30-14

COVER LETTER

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

SUBJECT: Miguel Angel Lawn Maintenance, 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: Samuel D. Blanco, Esq.
Name (Printed or typed)

2335 Stanford Court, Ste. 501
Address

Naples, FL 34112-4843
City, State & Zip

(239) 213-0332
Daytime Telephone number

irmaa2012@live.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 21 AM 8:09

ARTICLE I NAME

The name of the corporation shall be:

Miguel Angel Lawn Maintenance, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

Miguel Angel Lawn Maintenance, Inc.

(SAME)

3216 Connecticut Avenue

(SAME)

Naples, Florida 34112

(SAME)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

1,200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Miguel Angel Chimeo, Pres.

Name and Title: Irma Almanza, VP

Address: 3216 Connecticut Avenue
Naples, Florida 34112

Address: 3216 Connecticut Avenue
Naples, Florida 34112

Name and Title: Miguel Angel Chimeo, Sec.

Name and Title: Irma Almanza, Treas.

Address: 3216 Connecticut Avenue
Naples, Florida 34112

Address: 3216 Connecticut Avenue
Naples, Florida 34112

Name and Title: (N/A)

Name and Title: (N/A)

Address: _____

Address: _____

(conti.)

Name and Title: (N/A) Name and Title: (N/A)
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Irma Almanza
Address: 3216 Connecticut Ave.
Naples, Florida 34112

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Samuel D. Blanco, Esq.
Address: 2335 Stanford Ct., Ste. 501
Naples, Florida 34112-4843

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

Irma Almanza January 16, 2014
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.

Samuel D. Blanco January 16, 2014
Required Signature/Incorporator Date