

PK1000020412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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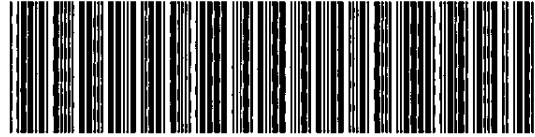
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR - 5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

YMD 3/6

COVER LETTER

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

SUBJECT: Discount Mower Repair and Parts, 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 ☐ \$78.75
Filing Fee 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: Linda A Meyer

Name (Printed or typed)

5172 Commercial Way

Address

Spring Hill, FL 34604

City, State & Zip

352 478 9996

Daytime Telephone number

linmeyer99@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Discount Mower Repair and Parts, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

5172 Commercial Way
Spring Hill, FL 34604

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The repair of lawnmowers and lawn mower parts sales.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Corey H Schuerman President

Address

5172 Commercial Way
Spring Hill, FL 34606

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

Address: _____

Name and Title: _____

Address

Name and Title: _____

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: Linda A Meyer
Address: 11383 Pickford St.
Spring Hill, FL 34609

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Linda A Meyer
Address: 11383 Pickford St.
Spring Hill, FL 34609

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

Linda A. Meyer
Required Signature/Registered Agent

4 March 2014
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.

Linda A. Meyer
Required Signature/Incorporator

4 March 2014
Date

FILED
14 MAR -5 PM 12:55
RECEIVED
FLORIDA DEPT. OF STATE