

P14 000021403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

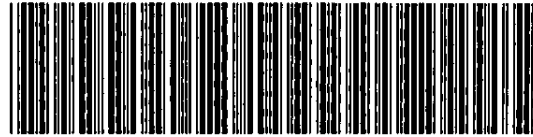
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
14 MAR - 6 AM 10:40

*\*EWS*  
*2047 00005204*  
*3/7/14*

COVER LETTER

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

SUBJECT: MEDINA 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: MEDINA LAWN MAINTENANCE INC

Name (Printed or typed)

8584 93RD AVE N

Address

LARGO , FL 33777

City, State & Zip

727- 418-0128

Daytime Telephone number

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:

**MEDINA LAWN MAINTENANCE INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**8584 93RD AVE N**

**LARGO , FL 33777**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR - 6 PM 10:40

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **MANUEL MEDINA PRES**

Name and Title: \_\_\_\_\_

Address **8584 93RD AVE N**

Address: \_\_\_\_\_

**LARGO , FL 33777**

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: MANUEL MEDINA

Address: 8584 93RD AVE N  
LARGO , FL 33777

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: MANUEL MEDINA

Address: 8584 93RD AVE N  
LARGO , FL 33777

*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*

*Manuel Medina*  
 Required Signature/Registered Agent

*2-28-14*  
 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.*

*Manuel Medina*  
 Required Signature/Incorporator

*2-28-14*  
 Date

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAR - 6 PM 10:40

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: MANUEL MEDINA PRES Name and Title: \_\_\_\_\_

Address: 8584 93RD AVE N Address: \_\_\_\_\_

LARGO , FL 33777 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

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LARGO , FL 33777

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_____	_____
Required Signature/Incorporator	Date