

P14 000036834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

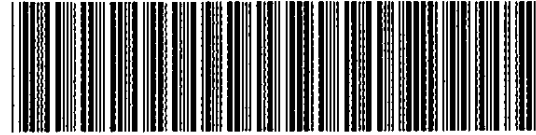
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RECEIVED
14 APR 25 PM 12:14
DIVISION OF CORPORATION

14 APR 25 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT:

RENEE'S LAWN CLEANING & VENDOR SERVICES
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)
INL.

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:

RICHARD NIXON JR.

Name (Printed or typed)

1125 SAGE ST.

Address

MONTICELLO, FLORIDA 32314

City, State & Zip

(904) 318-3873

Daytime Telephone number

RICHARDSONMINISTRIES@G-MAIL.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:

RENEE'S LAWN, CLOWING & VENDOR SERVICES INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

RICHARD NIXON JR. (OWNER)

1125 SAGE ST.

MONTICELLO, FL. 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO SELL FOOD, CLOTHING,
FURNITURE, HOUSE-HOLD GOODS FOR PROFIT.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

RICHARD NIXON JR.
(owner) D

Name and Title:

Address

1125 SAGE ST.
MONTICELLO, FLORIDA 32344

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

14 APR 25 PM 12:36
STATE OF FLORIDA

APPROVED
AND
FILED

(cont.)

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: RICHARD NIXON JR. (OWNER)

Address: 1125 SAGE ST.
MONTICELLO, FLORIDA 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RICHARD NIXON JR. (OWNER)

Address: 1125 SAGE ST.
MONTICELLO, FLORIDA 32344

STATE OF FLORIDA
DEPARTMENT OF STATE

14 APR 25 PM 12:36

APPROVED
AND
FILED

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

[Signature]
Required Signature Registered Agent

4.25.2014
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.

[Signature]
Required Signature Incorporator

4.25.2014
Date