P1400038623

(Re	equestor's Name)			
(Address)				
(Ac	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		f		

Office Use Only

MIHOODD ZOOS



500258783775

04/09/14--01004--005 **87.50

ECRETARY OF STATE

FILED

5/2/14

COVER LETTER

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

SUBJECT: Ringler Landscape Design Co. (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** □ \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED Michael Nathaniel Ringler **FROI**

(: Michael Maniamel Mingle)			
Name (Printed or typed)	_		
109 Duke Drive			
Address			
Lake Worth, FL, 33460			
City, State & Zip			
(561) 215-1386	IAS	,	
Daytime Telephone number	T, ECK	7	
RINGLERLD@gmail.com E-mail address: (to be used for future annual report notification)	ETAR WASS	14 APR 29	FIL
E-mail address: (to be used for future annual report notification)	E O		LE
	FST FLC	=	O
NOTE: Please provide the original and one copy of the articles.) AJE AOA	AH 11: 53	

RECE! "ED

14 APR 29 PM 2: 09

GEOLIFARY OF THE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

April 10, 2014

MICHAEL NATHANIEL RINGLES 109 DUKE DRIVE LAKE WORTH, FL 33460

SUBJECT: RINGLES LANDSCAPE DESIGN CO.

Ref. Number: W14000023008

We have received your document for RINGLES ANDSCAPE DESIGN CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

SINGLER

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 914A00007771

SECRETARY OF STATE

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

The name of the corporat	Eion shall be: Ringler Landscap	e Design Co. FILED
ARTICLE II PRI	VCIPAL OFFICE Principal street address	14 APR 29 AM II: 53
109 Duke Driv	· ——	P.O. Box 457, SECRETARY OF STATE West Palm Beach, FL
Lake Worth, F		West Palm Beach, FL,
		33402
ARTICLE III PURI	POSE To be a	a "for-profit" corporation in South
		ape design installations. This
		the categories of "landscaping,"
"gardening," "g	graphic design," "hardsca	pe," "softscape," and outdoor labor
such as painti	ng and prep work before-	hand. This corporation is being
created with th	ne intentions of having a	perpetual existence.
ARTICLE V INT		
Address	109 Duke Drive,	Address:
	Lake Worth, FL, 33460	
Name and Title:		Name and Title:
Address		Address:
	,	
Name and Title:		Name and Title:
Address		Address:
		_

Name an	d Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Michael Nathaniel Ringler	
Address;	109 Duke Drive,	
	Lake Worth, FI, 33460	
ARTICLE VII	INCORPORATOR	
The name and ad	dress of the Incorporator is:	
Name:	Michael Nathaniel Ringler	
Address:	109 Duke Drive,	
	Lake Worth, FI, 33460	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	M/L	4/24/14
	Required Signature/Registered Agent	Date
	ument and affirm that the facts stated herein are to Department of State constitutes a third degree felong	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
		4/24/14
	Required Signature/Incorporator	Date

FILED
14 APR 29 AM II: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA