P14000042748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600260043376

05/13/14--01005--010 **78.75

2014 MAY 13 PM 2:15

SECRETARY OF STATE
DIVISION OF ...

1/1

COVER LETTER

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

SUBJECT: Dream Yard Landscaping, 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: Mari L. Corral
Name (Printed or typed)

8950 SW 74 CT, STE 2201
Address

Miami, FL 33156
City, State & Zip

305-505-8604
Daytime Telephone number

dreamyardlandscaping@yahoo.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
2014 MAY 13 PM 2:15

ARTICLE I NAME

The name of the corporation shall be: Dream Yard Landscaping, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

8950 SW 74 CT, STE 2201
Miami, FL 33156

Mailing address, if different is:

same as principal office

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscaping general services corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mari L. Corral, President
Address: 8950 SW 74 CT, STE 2201
Miami, FL 33156

Name and Title:
Address:

Name and Title: Mari L. Corral, Secretary
Address: 8950 SW 74 CT, STE 2201
Miami, FL 33156

Name and Title:
Address:

Name and Title: Mari L. Corral, Treasurer
Address: 8950 SW 74 CT, STE 2201
Miami, FL 33156

Name and Title:
Address:

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 MAY 13 PM 2:15

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: Mari L. Corral

Address: 8950 SW 74 CT, STE 2201

Miami, FL 33156

ARTICLE VII INCORPORATOR

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

Name: Mari L. Corral

Address: 8950 SW 74 CT, STE 2201

Miami, FL 33156

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

_____ 5/9/14

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.

_____ 5/9/14

Required Signature/Incorporator Date