

P/4000044183

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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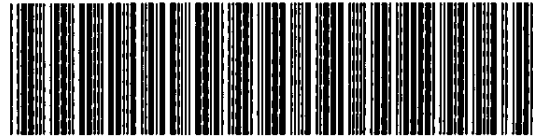
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

π 05/19/14

COVER LETTER

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

SUBJECT: **Evans Professional Lawn Care, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **Michele Evans**
Name (Printed or typed)
1109 Woodcrest Avenue
Address
Clearwater, FL 33756
City, State & Zip
727-421-9470
Daytime Telephone number
mevans108@tampabay.rr.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: Evans Professional Lawn Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1109 Woodcrest Avenue

Clearwater, FL 33756

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide to the general public,
private citizens and business interests, full landscape design, installation
and maintenance services within the county of Pinellas and neighboring
counties as necessary. Such services may include the use of
pesticides, herbicides, fertilization, and irrigation as necessary.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michele Evans, Presiden

Name and Title: _____

Address 1109 Woodcrest Avenue

Address: _____

Clearwater, FL 33756

Name and Title: Andrew Evans, Director

Name and Title: _____

Address 1319 1/2 Drew Street

Address: _____

Clearwater, FL 33755

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

(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: Michele Evans
Address: 1109 Woodcrest Avenue
Clearwater, FL 33756

ARTICLE VII INCORPORATOR

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

Name: Michele Evans
Address: 1109 Woodcrest Avenue
Clearwater, FL 33756

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TALLAHASSEE, FLORIDA

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

Michele Evans
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.

Michele Evans
Required Signature/Incorporator

4/25/2014

Date