

P14000056129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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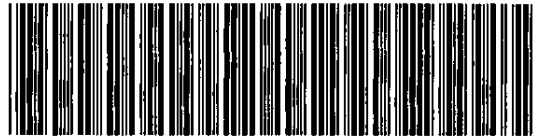
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 JUN 27 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FL 32399

W14-37393

κ 06/30/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 16, 2014

LEROY REID
11200 SW 13TH STREET
PEMBROKE PINES, FL 33025

SUBJECT: EASY CUT LAWN SERVICE LLC
Ref. Number: W14000037393

RECEIVED
TALLAHASSEE, FL 32314

14 JUN 27 11:03 AM

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00

We have received your document for EASY CUT LAWN SERVICE LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 014A00013006

COVER LETTER

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

SUBJECT: EASY CUT LAWN SERVICE 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: Leroy Reid
Name (Printed or typed)
11200 SW 13th Street #203
Address
Pembroke Pines, Florida
City, State & Zip
786-274-3971
Daytime Telephone number
rosentle@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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: EASY CUT LAWN SERVICE., INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

11200 SW 13TH STREET #203
PEMBROKE PINES
FLORIDA. 33025

Mailing address, if different is:

11200 SW 13TH STREET #203
PEMBROKE PINES
FLORIDA. 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEROY REID
Address: 11200 SW 13TH STREET #203
PEMBROKE PINES
FLORIDA. 33025

Name and Title: PRESIDENT
Address: 11200 SW 13TH STREET #203
PEMBROKE PINES
FLORIDA. 33025

Name and Title: ROSENTLE SHAW
Address: 11200 SW 13TH STREET #203
PEMBROKE PINES
FLORIDA. 33025.

Name and Title: VICE PRESIDENT
Address: 11200 SW 13TH STREET # 203
PEMBROKE PINES.
FLORIDA. 33025.

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(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: LEROY REID
Address: 11200 SW 13TH STREET #203
PEMBROKE PINES, FL. 33025

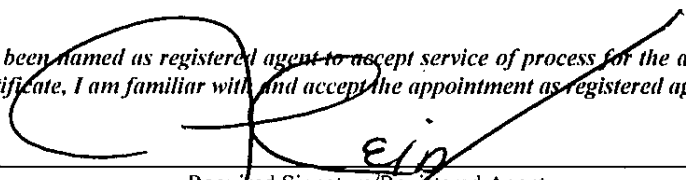
ARTICLE VII INCORPORATOR

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

Name: (VP) Rosentle Shaw
Address: 11200 SW 13TH STREET #203
PEMBROKE PINES, FLORIDA. 33025

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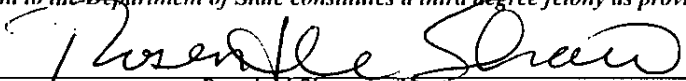
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

6/23/14
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.



Required Signature/Incorporator

6/23/14
Date