

PI4 0000063039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

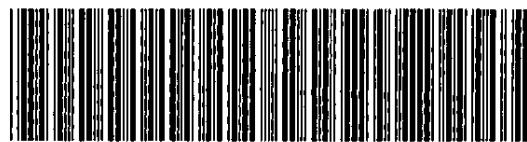
(Business Entity Name)

(Document Number)

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14 JUL 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-43510

## COVER LETTER

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

**SUBJECT: Magic's 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      & Certificate of  
                    Status      Status

**ADDITIONAL COPY REQUIRED**

**FROM: Albert F Maddox**  
Name (Printed or typed)

**5517 Lagoon Drive**  
Address

**New Port Richey, Fl. 34653**  
City, State & Zip

**863-370-3130**  
Daytime Telephone number

**aferrilm@aol.com**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 16, 2014

ALBERT F MADDOX  
5517 LAGOON DR  
NEW PORT RICHEY, FL 34653

SUBJECT: MAGIC'S LAWN SERVICE, INC.  
Ref. Number: W14000043510

14 JUL 24 2014  
RECEIVED  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

We have received your document for MAGIC'S LAWN SERVICE, INC. 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 814A00015231

## 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:

Magic's Lawn Service, Inc. *(initials)*

### ARTICLE II PRINCIPAL OFFICE

Principal street address *(initials)* *(initials)* *(initials)*

TITAN TURF MANAGEMENT, INC. *(initials)* *(initials)* *(initials)*

Mailing address, if different is:

5517 Lagoon Drive

New Port Richey, FL

34653

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To start a lawn Service Business

1  
JUL 23 1983  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
FBI - TAMPA  
44-34436-13

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Albert F Maddox Sec/Treas Name and Title: Douglas W Maddox Pres.

Address: 5517 Lagoon Drive Address: 5517 Lagoon Drive  
New Port Richey, FL NewPort Richey, FL  
34653 34653

Name and Title: Eric J Obrien Vice Pres Name and Title:  
Address: 1110 Hammock Shade Drive Address:  
Lakeland, FL  
33809

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_ 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: Albert F Maddox  
Address: 5517 Lagoon Drive  
New Port Richey, FL 34653

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Albert F Maddox  
Address: 5517 Lagoon Drive  
New Port Richey, FL 34653

*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*

Albert F Maddox

Required Signature/Registered Agent

7-11-14

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.*

Albert F Maddox

Required Signature/Incorporator

7-11-14

Date

14 JUL 23 AM 11:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA