

PIA 0000063039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

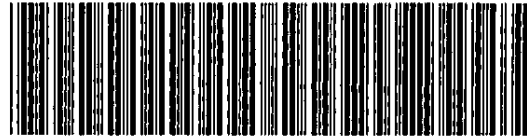
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800261930478

07/14/14--01041--010 **87.50

FILED
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
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: 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 PM 12:24
TALLAHASSEE, FL 32314
REGISTRATION
ID
0

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.

ARTICLE II PRINCIPAL OFFICE

Principal street address

TITAN TURF MANAGEMENT, INC.

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

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

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

Address: 5517 Lagoon Drive

New Port Richey, Fl

34653

Name and Title: Douglas W Maddox Pres.

Address: 5517 Lagoon Drive

NewPort Richey, Fl

34653

Name and Title: Eric J Obrien Vice Pres

Address: 1110 Hammock Shade Drive

Lakeland, Fl

33809

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(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: 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

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