

PA 000070458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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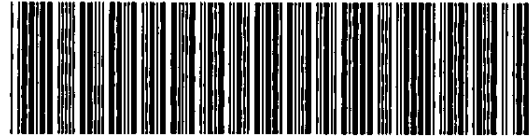
(Business Entity Name)

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14 AUG 21 AM 7:43  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

W14-47060

## COVER LETTER

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

SUBJECT: Greenway Property Maintenance 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: Ryan Shifflet  
Name (Printed or typed)

7648 Vienna Ln  
Address

Port Richey FL 34468  
City, State & Zip

(727) 359-4263  
Daytime Telephone number

RShifflet1980@gmail.com  
E-mail address: (to be used for future annual report notification)

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

## COVER LETTER

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**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: Greenway Property Maintenance Fl inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7648 Vienna Ln  
Port Richey Fl 34668

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Lawn Care/Property  
Maintenance

**ARTICLE IV SHARES**

The number of shares of stock is: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Ryan Shifflet Name and Title: \_\_\_\_\_

Address Owner/operator Address: \_\_\_\_\_  
7648 Vienna Ln  
Port Richey Fl 34668

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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FLORIDA  
SECRETARY OF STATE

(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: Ryan Shifflet  
Address: 7648 Vienna Ln  
Port Richey FL 34468

**ARTICLE VII INCORPORATOR**

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

Name: Ryan Shifflet  
Address: 7648 Vienna Ln  
Port Richey FL 34468

*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*

Ryan Shifflet 8/18/14  
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.*

Ryan Shifflet 8/18/14  
Required Signature/Incorporator Date

14 AUG 21 AM 7:45  
TALLAHASSEE, FLORIDA