

P/4000081466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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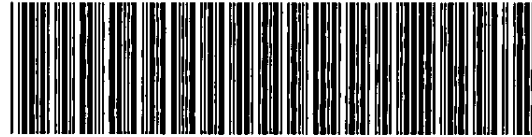
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 OCT -2 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/06/14

COVER LETTER

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

SUBJECT: Murdock Mowing, 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: Jarrett Lombard

Name (Printed or typed)

54 Chickering St

Address

Port Charlotte, FL

City, State & Zip

941-628-9771

Daytime Telephone number

jlombard6@gmail.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: Murdock Mowing, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

54 Chickering St

Port Charlotte, FL 33954

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWN MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jarrett Lombard, Owner

Address: 54 Chickering St
Port Charlotte, FL

Name and Title: Michael Griffin, Owner

Address: 53 Cabello St
Punta Gorda, FL 33983

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Jarrett Lombard
Address: 54 Chickering St
Port Charlotte, FL 33954

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jarrett Lombard
Address: 54 Chickering St
Port Charlotte, FL 33954

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
9-22-14
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
9-22-14
Date