## P/4000087475

(Re	questor's Name)	
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PICK-UP	■ WAIT	MAIL
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(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

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

SUBJECT:	PROPOSED CORPORA	es Inc.	
	~(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	final and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00	<b>\$78.75</b>	\$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
i iiiig i co	& Certificate of Status	& Certified Copy	Certified Copy
	& Certificate of Status	ac certified copy	& Certificate of
			Status
		ADDITIONAL CO	
		ADDITIONAL CO	PY REQUIRED
	William Kylen		2
	119 Aldersga	Audiess	
_C	oreen cove Sp. City,	oute confi	32043
<u></u>	904-449-1299 Daytime T	elephone number	<del></del>
	Ky/e @ Esgrow Pro	. COM d 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)

CLE IV SHARES  The of shares of stock is: 100  CLE IV INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William K Inkhais Name and Title: Tylex F. Tom In Sc.  (President) 60 smares  Address: 1040 Leno Pd  Creen (one Springs; Fl. 32043  Name and Title: Name and Title: Address: Addr	Principal street address  Address gate 51  EII PURPOSE see for which the corporation is organized is: Lawn and landscape services.  EIV SHARES or of shares of stock is: 100  E V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: William K. Hathiys Name and Title: Tylex F. Tom Imson (Resident) Go smare 40 s.  Address 119 Aldress yeak 51. Address: 1040 Leso Qd  Creen (one springs Fl. 32043  ame and Title: Name and Title: Name and Title: Address: Addres		tion shall be: Agrow Servi		
R. Alders gate St.  Seen Cove Springs  L. 32043  RICLE IV PURPOSE  Purpose for which the corporation is organized is: Lown and landscape Services.  RICLE IV SHARES  LICLE IV SHARES  LICLE IV INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William K. Implicity Name and Title: Tylex F. Tom In Sec.  (Pres. Jan) 60 Swares  Address  Love Springs  Love Springs  Fl. 32043  Name and Title:  Name and Title:  Address  Name and Title:	Address	CLE II PRI		•	Mailing address, if different is:
TICLE IV SHARES  SUMMER OF SHARES  Name and Title:	EII PURPOSE  See for which the corporation is organized is: Lawn and Landscape Services.  EIV SHARES  er of shares of stock is: 100  E V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: William K Hardman Name and Title: Tylen F. Tom In son (President) 60 swares  Address: 1040 Leno Pd (President) 60 swares  Creen Cove Springe Grun Come Springs,  Fl. 32043  ame and Title: Name and Title: Name and Title: Address: A	Alder	· —		
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F1 32043   F1 32043     Name and Title:	Address  FI 32043  FI 32043  Address:  Address:  Name and Title:  Name and Title:  Address:  Address:		TIAL OFFICERS AND/OR DIRECTO	-	Tyler F. Tomlinson
Name and Title:	ame and Title:		TIAL OFFICERS AND/OR DIRECTO : William K Itakhi (President) 605 119 Alders gak St.	Name and Title:	
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Name and	d Title:	Name and Title:	· · · · · · · · · · · · · · · · · · ·
Address		Address:	
ARTICLE VI The name and Flo	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	William K. Hutchings		
Address:	119 Aldersgate	<del></del>	
	Green Come Springs, PL 3200	43	SECR
ARTICLE VII	INCORPORATOR		FILI BCT 24
The name and ad	dress of the Incorporator is:		24 E
Name:	William K Hutchings	_	
Address:	119 Aldersgate St	_	2:41 ************************************
	William K. Hutchings 119 Aldersgate St Over Com Sonys, FL 32	<u> </u>	
Having been nam this certificate, I a	ned as registered agent to accept service of proce om familiar with and accept the appointment as r	ess for the above stated corporat registered agent and agree to act	ion at the place designated in in this capacity
W/C/	Required Signature/Registered Agent		10-18-14
	Required Signature/Registered Agent		Date
I submit this doc document to the l	ument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the fals ony as provided for in s.817.155,	se information submitted in a . . F.S.
WK /1	Required Signature/Incorporator		/0-/ <b>%-/4</b> Date