P15000011168

(Re	questor'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:				



1115-4638



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01/20/15--01016--011 **78.75

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COVER LETTER

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

nc.	
TE NAME - MUST INCL	UDE SUFFIX)
ticles of incorporation and	d a check for:
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	
e (Printed or typed)	
Trail North	
Address 747	
State & Zip	
	· · · · · · · · · · · · · · · · · · ·
•	
	notification)
	s78.75 Filing Fee & Certified Copy ADDITIONAL CO ADDITIONAL CO Trail North Address

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



January 22, 2015

MICHAEL A. STOLPMAN 7794 INDIAN RIDGE TRAIL NORTH KISSIMMEE, FL 34747

SUBJECT: MKS LANDSCAPING INC.

Ref. Number: W15000004638

We have received your document for MKS LANDSCAPING INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 015A00001338

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal office Principal street address	Mailing address, if different is:
chael A. Stolpman	
94 Indian Ridge Trail North	
ssimmee,FI 34747	The state of the s
TICLE III PURPOSE	Any and all business in the state of Florid
purpose for which the corporation is organized	
	7. 2 .
	**
TICLE IV SHARES 100	
TICLE IV SHARES 100 number of shares of stock is:	R DIRECTORS
TICLE V INITIAL OFFICERS AND/O	R DIRECTORS Name and Title:
TICLE V INITIAL OFFICERS AND/O	···
TICLE V INITIAL OFFICERS AND/O	Name and Title:
TICLE V INITIAL OFFICERS AND/O	Name and Title:
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Name and	1 Title:	Name and Title:	
Address		Address:	
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ARTICLE VI	REGISTERED AGENT		
The name and Flo	orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Michael A. Stolpman		
Address:	7794 Indim Ridge Th	2L N) Ditt. ©
	Kissimme, FL 34747		•
	, , , , , , , , , , , , , , , , , , , ,		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Michael A. Stolpman		
Address:	7794 Indian Ridge Trail North		
	Kissimmee,Fl 34747		
Having been nan	ned as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation istered agent and agree to act in	n at the place designated in
1. A.	a 01 a		11110
Melas	Required Signature/Registered Agent		1/14/2015
Č	Required Signature/Registered Agent		Date
I submit this doc	ument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false y as provided for in s.817.155, F	information submitted in a .S.
Malut	a Stolonon		1/14/2015
	Required Signature/Incorporator		Date