

P/5000019494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

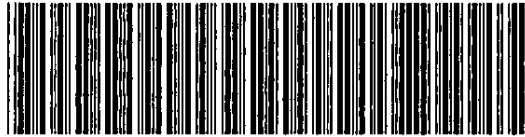
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200269705802

02/27/15--01019--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 FEB 27 PM 1:57

✓ 03/02/15

COVER LETTER

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

SUBJECT: A LAWN CARE CONNECTION 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michael Ferraro CPA

Name (Printed or typed)

196 E. Nine Mile Rd----- Suite E

Address

Pensacola FL 32534

City, State & Zip

850-475-4100

Daytime Telephone number

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: A LAWN CARE CONNECTION INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2320 MAJESTIC DR

PENSACOLA FL 32534

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any business or activity not prohibited by law.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 FEB 27 PM 1:57

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM SHELTON

Name and Title: President

Address: 2320 MAJESTIC DR

Address:

PENSACOLA FL 32534

100 % OWNERSHIP

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

(cont.)

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: WILLIAM SHELTON
Address: 2320 MAJESTIC DR
PENSACOLA FL 32534

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILLIAM SHELTON
Address: 2320 MAJESTIC DR
PENSACOLA FL 32534

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

X 
Required Signature/Registered Agent

2/17/15
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.

X 
Required Signature/Incorporator

2/17/15
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
15 FEB 27 PM 1:57