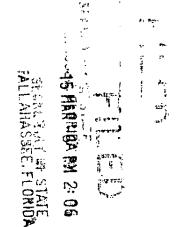
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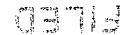
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 23, 2015

WILLIAM LIPPS 1106 BROKEN OAK DR WILDWOOD, FL 34785

SUBJECT: LIPPS LANDSCAPE MANAGEMENT, INC.

Ref. Number: W15000012974

We have received your document for LIPPS LANDSCAPE MANAGEMENT, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

Christine Haney Regulatory Specialist II New Filing Section

Letter Number: 215A00003744

## **COVER LETTER**

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

	(PROPOSED CORPOR)	<u></u>	<del>y .                                   </del>
\$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
FROM:(	William Lipp	e (Printed or typed)	
	1106 Broken Oa	k Drive Address	
_4	Vildwood, FL	Since & 23p	
	352 - 516 - 89 Daytime T Lipps Lands Cap Limail address: (to be use	•	OW7

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 N. The name of the corpo	AME oration shall be: Lipf5 hau	on ¿Landscape Ma	magement Inc
ARTICLE II P	RINCIPAL OFFICE Principal street address  Ken Oak Dr  OO, FL 34785		ddress, if different is:
ARTICLE III PU The purpose for whic	VRPOSE  In the corporation is organized is:  da, Weprovide	Impliance wi Landscape M	th State of aintenance.
			TO MAR - 6 W
	HARES of stock is: //// // UITIAL OFFICERS AND/OR DIF	RECTORS	1 2: 05
Name and Ti	ile: William Lipp 1106 Broken Oak Wildwood, FL 3	Address:	resident
Name and Tit Address	106 Broken Da Wildwood, FL 3	Name and Title: ViC LDr Address:	e President
Name and Tit	le:		

Name and Title:	Name and Title:	
Address	_ Address:	
	<u></u>	
		<del></del>
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of	of the registered agent is:	
Name: William Lipps	_	
Name: William Lipps Address: 1106 Broken Oak Dr	_	
Wildwood, FL 34785	- -	
ARTICLE VII INCORPORATOR		सर्थ कि.स. —के
The <u>name and address</u> of the Incorporator is:		SA TO
Name: William Lipps Address: 1106 Broken Oak D.	_	
Address: 1106 Broken Oak D.	ĸ	
Wildwood, FL 3478:	<u>.</u>	1 2: 0
Having been named as registered agent to accept service of process	s for the above stated corporation at	The place designated in
this certificate, I am familiar with and accept the appointment as re		
Required Signature/Registered Agent		3 3 · 1 5 Date
I submit this document and affirm that the facts stated herein are	true. I am aware that the false info	ormation submitted in a
document to the Department of State constitutes a third degree felo.	ry as provided for in s.817.155, F.S.	3.3.15
Required Signature/Incorporator		Date