

P15000028154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

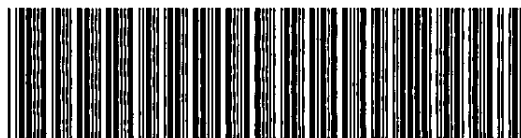
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/20/15--01011--002 **78.75

FILED
15 MAR 20 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 26 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Home Tec Lawn maintenance And Home Services
(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: Ashlee West
Name (Printed or typed)

3451 SE CR 21
Address

keystone HAS. FL 32656
City, State & Zip

352-214-4428
Daytime Telephone number

johnwest811@email.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: Home Tec Lawn Maintenance And Home Services
Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3451 SE CR 21
Keystone Hts. FL 32656

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All lawful
Business

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ashlee N. West Name and Title: owner 51%

Address 3451 SE CR 21 Address: _____
Keystone Hts. FL 32656

Name and Title: John West Name and Title: owner 49%

Address 3451 SE CR 21 Address: _____
Keystone Hts. FL 32656

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: John West

Address: 3451 SE CR 21

Keystone Hts. FL 32656

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John West

Address: 3451 SE CR 21

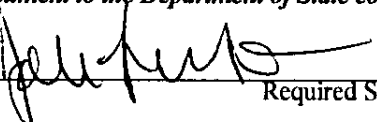
Keystone Hts FL 32656

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

3/18/15
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.


Required Signature/Incorporator

3/18/15
Date