## P15000029767

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

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:		DNY & SONS LAVVN CARE, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status	
FROM:	TONY DEES	S e (Printed or typed)		
	1242 NW 15TH T	• • • •		
		Address		
	FT. LAUDERDAL	· · ·		
	City,	State & Zip		
	(954) 47	79-1071		
	Daytime T	Telephone number		
	tonydeeslawnc	are@yahoo.d	com	
	E-mail address: (to be use	ed 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)

	Principal office Principal street address  Mailing address, if different is		
. LAUDERDA	ALE, FL 33311		
	POSE the corporation is organized is:  LORIDA ACCORDING TO THE		WFUL BUSINESS IN PROFIT BUSINESSES.
TICLE IV SHA number of shares of TICLE V INIT Name and Title Address	TAL OFFICERS AND/OR DIRECTOR	<b>RS</b> Name and Title:  Address:	TONY DEES, TREASUREF 1242 NW 15TH TERRACE FT. LAUDERDALE, FL 33311

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT		
The name and Fl	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	TONY DEES	_	
Address:	1242 NW 15TH TERRACE	_	
	FT. LAUDERDALE, FL 33311		
ARTICLE VII	INCORPORATOR		
The name and ac	dress of the Incorporator is:		
Name:	TONY DEES		
Address:	1242 NW 15TH TERRACE	-	
	FT. LAUDERDALE, FL 33311		
this certificate, I d	ned as registered agent to accept service of process am familiar with and accept the appointment as reg  Required Signature/Registered Agent	gistered agent and agree to act in this capacity <u>Pprill</u> Date	_1015
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felon		mitted in a
Day	Required Signature/Incorporator	April-Date	-2015
		SERVENTALL ARMAN	