P15000032213

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	9 #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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03/09/15--01009--019 **87.50



W15-17254

COVER LETTER

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

SURJECT: Gus	's Lawn Care Inc	C.	
SOBOLC I.	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l 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 o Status
		ADDITIONAL CO	PY REQUIRED
	us Harris Name 11 West Old Hills	e (Printed or typed)	· · · · · · · · · · · · · · · · · · ·
		Address	
S	effner, FL 33584		
	City	State & Zip	•••
(8	13)477-1496		
	Daytime 7	elephone number	
gu	sharris67@gmail.c		
	E-mail address: (to be use	d for future annual report	nouncation)

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



SECRET

15 APR -8 AM 11:22

FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION of Corporations TALLAMASSEE FEBRUARIA

March 11, 2015

GUS HARRIS 511 W OLD HILLSBOROUGH AVE. SEFFNER, FL 33584

SUBJECT: GUS'S LAWN CARE INC.

Ref. Number: W15000017254

We have received your document for GUS'S LAWN CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Jessica A Fason Regulatory Specialist II

Letter Number: 215A00004918

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

	INCIPAL OFFICE Principal street address Hillsborough Ave.	Me	ailing address, if different is:
fner, FL 3	3584	-	
CLE III PU	RPOSE the corporation is organized is:	are	
			ALS:
mber of shares o	of stock is:	<u> </u>	FEUR BA
	of stock is:	_	
mber of shares o	f stock is: / O O	_	
mber of shares of the shares of the share and Tite Address	TYAL OFFICERS AND/OR DIRECTORS le: Gus Harris- Owner 511 West Old Hillsborough Ave.	Name and Title: Address:	
mber of shares of the shares of the share and Tite Address	TYAL OFFICERS AND/OR DIRECTORS le: Gus Harris- Owner 511 West Old Hillsborough Ave. Seffner, FL 33584	Name and Title: Address: Name and Title:	
Mame and Title Address Name and Title Address	TYAL OFFICERS AND/OR DIRECTORS le: Gus Harris- Owner 511 West Old Hillsborough Ave. Seffner, FL 33584	Name and Title: Address: Name and Title: Address:	

Name an	d Title:	Name and Title:
Address		Address:
<u>ARTICLE VI</u>	REGISTERED AGENT	· · · · · · · · · · · · · · · · · · ·
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Gus Harris	
Address:	511 West Old Hillsborough Ave.	
	Seffner, FL 33584	A S
ARTICLE VII	INCORPORATOR	N -8
The name and ad	dress of the Incorporator is:	7343
Name:	Gus Harris	に
Address:	511 West Old Hillsborough Ave	
	Seffner, FL 33584	
Having been nan this certificate, I	ned as registered agent to accept service of process up familiar with and accept the appointment as region for the accept the appointment as region for the accept the appointment as region for the accept the a	2/8/22/
I submit this doct document to the I	ument and affirm that the facts stated herein are to repartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a
	Required Signature/Incorporator	Date