

P 15000032447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

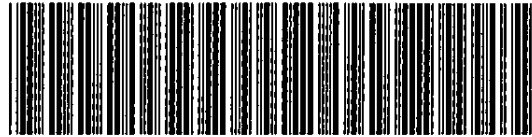
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/06/15--01041--010 **87.50

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15 APR -6 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/9/15

COVER LETTER

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

SUBJECT: the Garden Touch, 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
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: Gregory Owens

Name (Printed or typed)

PO Box 621173

Address

Oviedo, FL 32762

City, State & Zip

407-277-6015

Daytime Telephone number

thegardentouch.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL 32304

15 APR - 6 PM 4: 27

FILED

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

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

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Mailing address, if different is:

PO Box 621173

Oviedo, FL 32762

The purpose for which the corporation is organized is: Provide landscape contracting
services in Central Florida.

The number of shares of stock is: 100

Name and Title: _____

Address: _____

Oviedo, FL 32765

Address _____ Address: _____

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: Gregory Owens

Address: 453 Bentley Street

Oviedo, FL 32765

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Gregory Owens

Address: 453 Bentley Street

Oviedo, FL 32765

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

4/1/15

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

4/1/15

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA