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(Requestor's Name)			
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(Cit	ty/State/Zip/Phon	ne #)	
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PICK-UP	TIAW	MAIL	
(Bu	siness Entity Na	me)	
(Do	cument Number)	
Certified Copies	_ Certificate	s of Status	
Special Instructions to	Filing Officer:	·	

Office Use Only



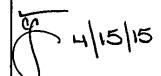
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15 APR 13 PH 4: 20

NEW WILSSEE, FLORIDA



COVER LETTER

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

SUBJECT: Baker Excavating and Landscape Services, 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 \$78.75 \$78.75 **\$87.50** Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Rudie Baker Name (Printed or typed) 30 DeSeo Drive Address Shokan N.Y. 12481 City, State & Zip 845-417-1824 Daytime Telephone number

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

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

Bluedog167@yahoo.com

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

ARTICLE II P	RINCIPAL OFFICE	15 APR 13 PM 4: 2
3718 Seagra	Principal <u>street</u> address	Mailing address, if different is:
Big Pine Ke		TALLAHASSEE, FLORIE
Florida 330		
rioliua 330		
ARTICLE III PO The purpose for which	<u>URPOSE</u> the the corporation is organized is: To be a	able to perform excavation and
landscape p		_
	· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·		
ARTICLE IV S.	HARES 100	
ARTICLE IV S. The number of shares	HARES of stock is:	····
	HARES of stock is: 100	 RS
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTO	
ARTICLE V II Name and T		Name and Title:
ARTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: Rudie Baker, President 3718 Seagrape Street	
ARTICLE V II Name and T	NITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key	Name and Title:
ARTICLE V II Name and T	NITIAL OFFICERS AND/OR DIRECTOR itle: Rudie Baker, President 3718 Seagrape Street	Name and Title:
ARTICLE V II Name and T Address	RITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title:
Name and T Address Name and Ti	Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title:
ARTICLE V II Name and T Address	RITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title:
Name and T Address Name and Ti	Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title: Address:
Name and T Address Name and Ti	Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title: Address:
Name and T Address Name and Ti Address	RITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title: Address:
Name and T Address Name and Ti Address	RITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title: Address:
Name and T Address Name and Ti Address	RITIAL OFFICERS AND/OR DIRECTOR Rudie Baker, President 3718 Seagrape Street Big Pine Key Florida 33043	Name and Title: Address: Name and Title: Address:

	d Title: Name and	Title:
Address	Address:	
<i>RTICLE VI</i> he name and F	<u>REGISTERED AGENT</u> <u>lorida street address</u> (P.O. Box NOT acceptable) of the registere	ed agent is:
Name:	Rudie Baker	
Address:	3718 Seagrape Street	
	Big Pine Key, Fl 33043	
RTICLE VII	INCORPORATOR	
he <u>name and ac</u>	ddress of the Incorporator is:	
Name:	Rudie Baker	
Address:	3718 Seagrape Street	
	Big Pine Key, FI 33043	
	med as registered agent to accept service of process for the about am familiar with and accept the oppointment as registered agen	
	Required Signature/Registered Agent	Date
submit this doc ocument to the	cument and affirm that the facts stated herein are true. I am a Department of State constitutes a third degree felony as provided	tware that the false information submitted d for in s.817.155, F.S. 4/7/15
submit this doc ocument to the	cument analyaffirm that the facts stated herein are true. I am a	tware that the false information submitted d for in s.817.155, F.S.