

P15000035101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

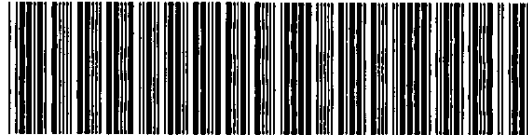
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03/30/15--01046--023 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 16 PM 1:13

APPROVED  
AND  
FILED

1/1

## COVER LETTER

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

**SUBJECT:** BOCA GROVE LANDSCAPING 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  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** SERGIO H. VALE  
Name (Printed or typed)  
5045 WILES RD (APT 301)  
Address  
COCONUT CREEK, FLORIDA 33073  
City, State & Zip  
954-309-4404  
Daytime Telephone number  
SERGIOKESIA@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 6, 2015

SERGIO H. VALE  
5045 WILES RD (APT 301)  
COCONUT CREEK, FL 33073

SUBJECT: BOCA GROVE LANDSCAPING SERVICES, INC  
Ref. Number: W15000023468

We have received your document for BOCA GROVE LANDSCAPING SERVICES, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return the corrected original and one copy of 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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 015A00006746

**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: BOCA GROVE LANDSCAPING SERVICES, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5045 WILES RD (APT 301), COCONUT CREEK, FLORIDA 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: SEBASTIAN VALE (PRESIDENT) Name and Title: \_\_\_\_\_

Address: 5045 WILES RD #301 Address: \_\_\_\_\_  
COCONUT CREEK, FL  
33073

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 APR 16 PM 1:13

APPROVED  
AND  
FILED

(cont.)

APPROVED  
AND  
FILED

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: \_\_\_\_\_

SERGIO VALE

Address: \_\_\_\_\_

5045 Wiles Rd #301

COCONUT CREEK, FL 33073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

SERGIO H. VALE

Address: \_\_\_\_\_

5045 WILES RD (APT 301)

COCONUT CREEK, FLORIDA 33073

*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*

Sergio H. Vale

Required Signature/Registered Agent

03-24-15

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.*

Sergio H. Vale

Required Signature/Incorporator

03-24-15

Date