

P15000038306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

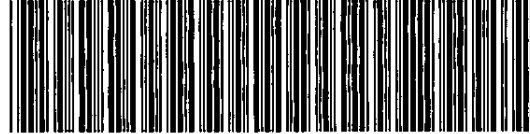
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800272142148

04/24/15--01010--006 \*\*87.50

FILED  
15 APR 24 AM 11:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

## COVER LETTER

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

SUBJECT: **TK LAWNCARE SERVICE, 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: **ANTHONY HERRING**

Name (Printed or typed)

**429 BAYLEAF DR**

Address

**KISSIMMEE FL 34759**

City, State & Zip

**407-965-7103**

Daytime Telephone number

**Aherring123.ah@gmail.com**

E-mail address: (to be used 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)

**ARTICLE I NAME**

The name of the corporation shall be:

**TK LAWNCARE SERVICES, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**ANTHONY HERRING**

Mailing address, if different is:

**429 BAYLEAF DR**

**KISSIMMEE, FL.**

**34759**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**Any and all lawful business including lawncare**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title:

**ANTHONY HERRING**

Name and Title:

Address

**429 BAYLEAF DR**

Address:

**KISSIMMEE FL**

**34759**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

FILED  
15 APR 24 AM 11:54  
TALLAHASSEE, FLORIDA

(conti.)

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: ANTHONY HERRING

Address: 429 BAYLEAF DR

KISSIMMEE FL, 34759

**ARTICLE VII INCORPORATOR**

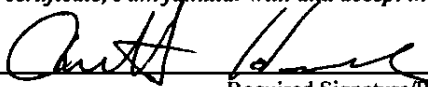
The **name and address** of the Incorporator is:

Name: ANTHONY HERRING

Address: 429 BAYLEAF DR

KISSIMMEE FL, 34759

*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

4-23-15  
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

4-23-15  
Date

FILED  
15 APR 24 AM 11:54  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE