

P/5000039/58

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

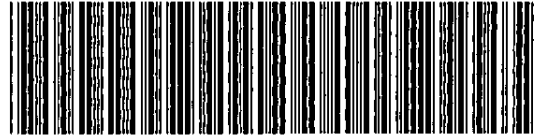
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 APR 28 AM 11:37

05/01/15

## COVER LETTER

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

SUBJECT: Bobbys New Millennium Tree Service, Landscape Design and Pavers 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: Dorian Murray  
Name (Printed or typed)

1812 31<sup>st</sup> St.  
Address

Orlando, FL 32839  
City, State & Zip

321-460-8879  
Daytime Telephone number

xpressionweartees@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: Bobby's New Millennium Tree Service, Landscape Design and Pavers, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1812 36th St.

Orlando, FL 32839

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To install, remove and maintain trees, design landscapes, sodding and installing pavers.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title:	<u>Bobby Cape, President</u>	Name and Title:	<u>Dorian Murray, Vice President</u>
Address	<u>1812 36th St.</u>	Address:	<u>1812 36th St.</u>
	<u>Orlando, FL 32839</u>		<u>Orlando, FL 32839</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
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: Dorian Murray

Address: 1812 36th St.

Orlando, FL 32839

**ARTICLE VII INCORPORATOR**

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

Name: Dorian Murray

Address: 1812 36th St.

Orlando, FL 32839

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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

Dorian E. Murray  
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.

Dorian E. Murray  
Required Signature/Incorporator

4/23/15  
Date