P15000051893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

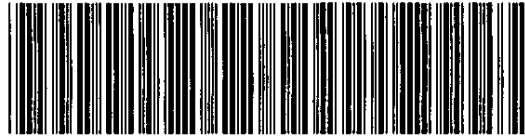☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

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

SUBJECT: _Silver Palm Landscaping 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: _Christopher Ferrin_
Name (Printed or typed)

640 Zamora Ave.
Address

Coral Gables , Fl. 33134
City, State & Zip

_786-205-6347_
Daytime Telephone number

eliteCG10@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLE I   _NAME_
The name of the corporation shall be: Silver Palm Landscaping Inc.

ARTICLE II   _PRINCIPAL OFFICE_

Principal **street** address

Mailing address, if different is:

640 Zamora Ave

Coral Gables Fl. 33134

ARTICLE III   _PURPOSE_
The purpose for which the corporation is organized is: Silver Palm Landscaping Inc. is a full service Landscaping service./ Landscape installation, landscape planning, tree trimming, tree removal, landscape maintenance, multi surface maintaince (lawn, patio, driveway, pavers, walls, fences, gates.) all for private residences, condos, townhomes, parks, + comercial buildings. purpose for corporation is to develope contracts with the above clients for all their landsaping needs.

ARTICLE IV   _SHARES_
The number of shares of stock is: (100) one hundred

ARTICLE V   _INITIAL OFFICERS AND/OR DIRECTORS_

Name and Title: Christopher Ferrin Pres.   Name and Title:_____

Address   640 Zamora Ave   Address:_____

Coral Gables Fl. 33134

Name and Title:_____   Name and Title:_____

Address_____   Address:_____

Name and Title:_____   Name and Title:_____

Address_____   Address:_____

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: Christopher Ferrin

Address: 640 Zamora Ave.

Coral Gables, Fl. 33134
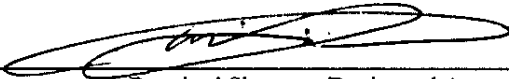
ARTICLE VII   INCORPORATOR

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

Name: Christopher Ferrin

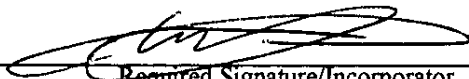Address: 640 Zamora Ave.

Coral Gables Fl. 33134

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

_____ 3/17/15
Required Signature/Registered Agent 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.

_____ 3/17/15
Required Signature/Incorporator Date