

P15000054340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

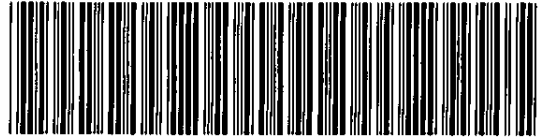
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/26/15--01001--029 **70.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 JUN 25 PM 4:40
FOR FILING OFFICE
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
FILED
15 JUN 25 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: DISCOUNT LANDSCAPING & TREE REMOVAL 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 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: ANTONIO GIDDENS
Name (Printed or typed)

1228 MCCASKILL AVE
Address

TALL FLA 32304
City, State & Zip

850 210-8410
Daytime Telephone number

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

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

I ANTONIO GIDDENS HAVE NO INTENTION
OF REINSTALLING. DISCOUNT LANDSCAPING &
TREE REMOVAL SERVICE INC.

DOC # 13000088167

AND I RELEASE THE NAME

ANTONIO GIDDENS

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: DISCOUNT LANDSCAPING & TREE REMOVAL SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1228 MCCASKILL AVE
TALL FLA 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANTONIO GIDDENS Name and Title: PRESIDENT
Address: 1228 MCCASKILL AVE Address:
TALL FLA

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUN 25 PM 4:45

APPROVED
AND
FILED

APPROVED
AND
FILED

15 JUN 25 PM 4:45

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

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: ANTONIO GIDDENS
Address: 1228 MCCASKILL AVE
TALL FLA 32304

ARTICLE VII INCORPORATOR

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

Name: ANTONIO GIDDENS
Address: 1228 MCCASKILL AVE
TALL FLA 32304

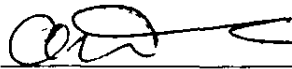
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/25/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/25/2015
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

6/25/2015
Date