

P15 000058636

(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



600273843086

06/15/15--01010--003 **70.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 15 AM 10:16

2-15-15

COVER LETTER

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

SUBJECT: HEAD TURNER'S LAWN MAINTENANCE, 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: KEVIN W. FLINT

Name (Printed or typed)

1908 NE 52ND STEET

Address

OCALA, FL. 34479

City, State & Zip

352-207-0646

Daytime Telephone number

Christine.Lore@yahoo.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: HEAD TURNER'S LAWN MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1908 NE 52ND STREET
OCALA, FL. 34479

Mailing address, if different is:
1908 NE 52ND STREET
OCALA, FL. 34479

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWN MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is: 1,000

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE
15 JUL 15 AM 10:16

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KEVIN W. FLINT - PRESIDENT Name and Title: _____

Address: 1908 NE 52ND STREET Address: _____
OCALA, FL. 34479

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: KEVIN W. FLINT _____

Address: 1908 NE 52ND STREET _____

OCALA, FL. 34479 _____

ARTICLE VII INCORPORATOR

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

Name: KEVIN W. FLINT _____

Address: 1908 NE 52ND STREET _____

OCALA, FL. 34479 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/01/2015 7/1/15 (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

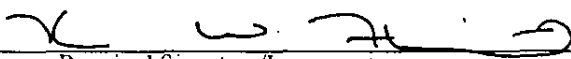


Required Signature/Registered Agent

03/01/2015 7/1/15

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

03/01/2015 7/1/15

Date



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

KEVIN FLINT
1908 NE 52ND STREET
OCALA, FL 34479

SUBJECT: HEAD TURNER'S LAWN MAINTENANCE, INC
Ref. Number: W15000042065

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 JUL 15 AM 10:16

We have received your document for HEAD TURNER'S LAWN MAINTENANCE, 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 effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Christine Haney
Regulatory Specialist II
New Filing Section

Letter Number: 515A00012774