P15000059914

| (Req | uestor's Name) | |
|---------------------------|------------------|-------------|
| (Add | ress) | 1.10 |
| (100 | | |
| (Add | ress) | · |
| | | |
| | /State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (D | | |
| (Bus | iness Entity Nar | ne) |
| (Doc | ument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to F | iling Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |





500274845475

07/13/15--01031--002 **78.75

SECRETARY OF STATE
FALLAHASSEE FLORID

7-20-15

COVER LETTER

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

| SUBJECT: UNI | QUE LAWN CA | RE, INC. Ate name – <u>must incl</u> | UDE SUFFIX) |
|----------------------|--|--|-------------------------|
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | d a check for: |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | & Certificate of Status |
| FROM: D | aniel A Smith, E | A (Printed or typed) | |
| 22 | 8 Glen Eagle Ci | ircle | |
| Na | aples, Florida 34 | Address 4104 State & Zin | |

239-272-2342

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

Daytime Telephone number

daniel8451@yahoo.com

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAM The name of the corporat | E UNIQUE LAWN C | ARE, INC | ·- |
|--|--|-------------------|---------------------------------------|
| ARTICLE II PRII | VCIPAL OFFICE Principal <u>street</u> address | | Mailing address, if different is: |
| Naples, Florid | a 34116 | | |
| ARTICLE III PURI The purpose for which the | POSE ne corporation is organized is: | tivities and serv | rices for Lawn Care and Maintenance |
| | | | TALLAHAS 15 JUL 1 |
| | | | L 13 PM 2: 03 |
| | | | 2: 03 |
| | IAL OFFICERS AND/OR DIRECTORS Jose Dolores Joel Solorio - President | | Maria Guadalupe Garcia - VP/Secretary |
| Name and Title | 1765 49th Street SW | Name and Title: | 1765 49th Street SW |
| Address | Naples, Florida 34116 | Address: | Naples, Florida 34116 |
| Name and Title: | | Name and Title: | |
| Address | | | |
| Name and Title: | | | |
| Address | | Address: | |
| | | | |

| Name | and Title: | Name and Title: |
|------------------------------------|--|--|
| Addre | ess | Address: |
| | | - |
| ARTICLE VI | | |
| The <u>name and</u> | Florida street address (P.O. Box NOT acceptable) of | f the registered agent is: |
| Name: | Maria Guadalupe Garcia | - |
| Address: | 1765 49th Street SW | _ |
| | Naples, Florida 34104 | - |
| ARTICLE VI | I INCORPORATOR | |
| The <u>name and</u> | address of the Incorporator is: | |
| Name: | Daniel A Smith | |
| Address: | 228 Glen Eagle Circle | - - |
| | Naples, Florida 34104 | - |
| Having been n this certificate, | I am familiar with and accept the appointment as reg | s for the above stated corporation at the place designated i gistered agent and agree to act in this capacity |
| | Required Signature/Registered Agent | July 8, 2015 |
| - | Required Signature/Registered Agent | Date |
| | | true. I am aware that the false information submitted in |
| I submit this document to the | op an interest in the second | |
| I submit this document to the | Required Signature/Incorporator | July 8, 2015 |