

P15 000060274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

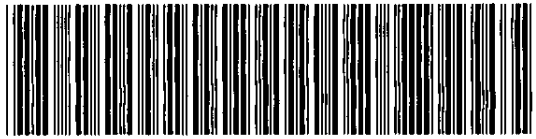
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 JUL 21 PM 3:07

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DIVISION OF CORPORATIONS

7-21-15 U

COVER LETTER

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

SUBJECT: Stubbs 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Jerel Stubbs
Name (Printed or typed)

3535 Roberts Ave Lot 160
Address

Tallahassee, FL 32310
City, State & Zip

(443) 205-9540
Daytime Telephone number

jerelstubbs@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: Stobbs Landscaping Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3535 Roberts Ave Lot 160
Tallahassee, FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Landscaping on lawn care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sereal Stobbs P. Name and Title: _____

Address 3535 Roberts Ave Address: _____
Lot 160 _____
Tallahassee, FL 32310 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA
15 JUL 21 PM 3:07

Name and Title: Scarl Stubbs Name and Title: _____
Address 3535 Roberts Ave Address: _____
Lot 160 _____
Tallahassee FL, 32310 _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Scarl Stubbs
Address: 3535 Roberts Ave
Lot 160 Tallahassee FL 32310

ARTICLE VII INCORPORATOR

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

Name: Stubbs Landscaping Inc
Address: 3535 Roberts Ave
Lot 160 Tallahassee FL 32310

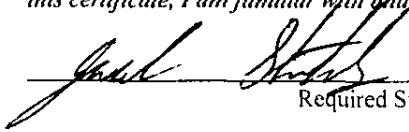
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

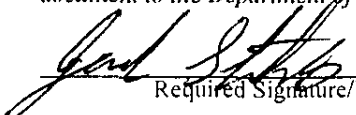
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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 7-21-15 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 7-21-15 Date