

P 15000073217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

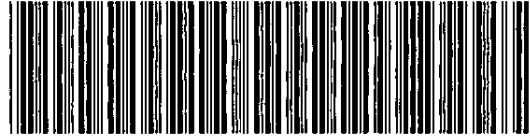
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900276342049

08/28/15--01003--021 \*\*78.75

FILED

15 AUG 28 PM 2:08

CLERK OF STATE  
TALLAHASSEE, FLORIDA

9/8/15

## COVER LETTER

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

SUBJECT: **Hoover Lawn & 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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Mohammad Chakarown**

Name (Printed or typed)

**934 N. University Drive # 255**

Address

**Coral Springs, FL 33071**

City, State & Zip

**9548221833**

Daytime Telephone number

**hooverslawncare@gmail.com**

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

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

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

15 AUG 28 PM 2:08

FILED

**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: Hoover Lawn & Landscaping, Inc.

FILED

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

15 AUG 28 PM 2:08

934 N. University Drive # 255

Coral Springs, FL 33071

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful business activities.

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mohammad Chakarown, President

Name and Title: \_\_\_\_\_

Address: 934 N. University Drive # 255

Address: \_\_\_\_\_

Coral Springs, FL 33071

Name and Title: Mohammad Chakarown, Secretary

Name and Title: \_\_\_\_\_

Address: 934 N. University Drive # 255

Address: \_\_\_\_\_

Coral Springs, FL 33071

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:

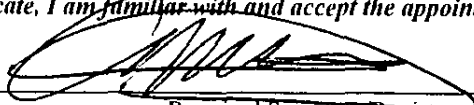
Name: Mohammad Chakarown  
Address: 934 N. University Drive # 255  
Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

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

Name: Mohammad Chakarown  
Address: 934 N. University Drive # 255  
Coral Springs, FL 33071

*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

8/24/15  
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

8/24/15  
Date

FILED  
15 AUG 28 PM 2:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA