

P15000090814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

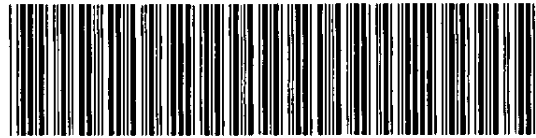
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DEPARTMENT OF REVENUE

NOV 6 2015
SECRETARY OF STATE
TALLAHASSEE FLORIDA

15 NOV - 6 PM 1:13

APPROVED
AND
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NOV - 6 2015

T SCHROEDER

COVER LETTER

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

SUBJECT: TRIBECA LANDSCAPE OF TALLAHASSEE 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: ADCAI STEPIEN
Name (Printed or typed)

6828 Tony Lee Tr.
Address

TALLAHASSEE FLORIDA 32309
City, State & Zip

(850) 508-8733
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.

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: TIMBERLAND LANDSCAPE OF TALLAHASSEE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6828 Tony Lee Tr.

TALLAHASSEE FL. 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAND Business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADRIAN S. DOLAN / OWNER Name and Title: President

Address: 6828 Tony Lee Tr. Address: _____

TALL. FL. 32309

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

15 NOV - 6 PM 1:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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AND
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(conti.)

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: ADAM STANFORD
Address: 6828 Tony Lee Tr
Tall. FL 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

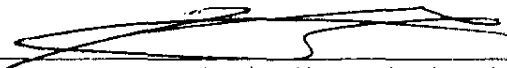
Name: ADAM STANFORD
Address: 6828 Tony Lee Tr
Tall. FL 32309

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

11/6/15

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

11/6/15

Date