## 15000091926

(Po	musetaria Nama\		
(Ke	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	:y/State/Zip/Phone	· #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nam	ne)	•
•			
(Do	cument Number)		•
Certified Copies	_ Certificates	of Status	
Special Instructions to	Filing Officer:	***	
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Office Use Only



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## **COVER LETTER**

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

subject: Nat	ure's Oun Lan (PROPOSED CORPORA	n Care, Inc	•
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
•		•	
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
	error Teresa Name		
	4310 Roy STO Oil-Winter park	Address	8/2_
	City.  407 914 820  Daytime 1	ciare to Eip	
	Magata 123@ yah		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)

The name of the corporati	on shall be: Nature's	Own	Laun	Care	Inc.		
ARTICLE II PRINCI	PAL OFFICE Principal <u>street</u> address			Mailing ad	ldress, if differe	n is:	
4310 70	Y ST ORLANDO	FL					<u> </u>
	32812	<del></del>			<del></del>		
	e corporation is organized is:						
any and a	Il lawful busin	<b>EZZ</b>		<del></del>		<del></del> ,	
		·				ᅜ	ALI
						NO.	AΗA
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						PH	
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ARTICLE IV SHARE The number of shares of s	2 144				,	Ľ	(4) 100
ARTICLE V INITIAL  Name and Title:		uli Pro		e:_ ,			
Address _	02/ando IC3		Address:				
-	0-min \$00						
Name and Title:_			Name and Titl	e;			_
, Address			Address:				_
·		<u>·</u>		<del>- }-</del>		<del></del>	_
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Name and Title:_	<del>_</del>		Name and Titl	e:			
Address _	74.:		Address:	<del></del>	·		
				<u> </u>			_

Name and Title:_		Name and Title:
Address		Address:
¥ _		
		•
-		
·		
	ERED AGENT reet address (P.O. Box NOT acceptable) of th	e registered agent is:
Name: LEO	nor Yalldeiuli	
Address: 4	310 ROY ST	
	DR/A-100 FL 328/2	<b>15</b>
-		15 NOV
ARTICLE YIL INCOR	<u>PORATOR</u>	V 12
The name and address of	the Incorporator is:	<b>-6</b> [:
Name:	onor Valldevuli	H 4: 27
Address:	4310 ROX ST	27
	OR(Ando FC 328/2	_
ARTICLE VIII EFFE	CTIVE DATE:	
Effective date, if other tha	in the date of filing:	e more than five business days prior or 90 business
	in this block does not meet the applicable stated at the Department of State's records.	tutory filing requirements, this date will not be listed as
Having been named as re this certificate, I am famil	gistered agent to accept service of process for iar with and accept the appointment as registe	r the above stated corporation at the place designated in ered agent and agree to act in this capacity
James V	Moderili	09-01-15
	Required Signature/Registered Agent	Date
		e. I am aware that the false information submitted in a
document to the Departm	ent of State constitutes a third degree felony a	is provided for in s.817.155, F.S.
Leonoe Va	rldegali	09-01-15
Required Sign	ature/Incorporator	Date



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2015

LEONOR TERESA VALLDEJULI 4310 ROY ST ORLANDO, FL 32812

SUBJECT: NATURE'S OWN LAWN CARE INC.

Ref. Number: W15000063782

RECTIVED

SECONDARIASSES, FORDA

We have received your document for NATURE'S OWN LAWN CARE 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: 115A00020197