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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/4/15

## COVER LETTER

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

SUBJECT: KAREY'S NURSERY & 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: JUDIANNA FREEMAN

Name (Printed or typed)

114 A THOMPSON CIRCLE

Address

TALLAHASSEE, FL 32312

City, State & Zip

850 322-1029

Daytime Telephone number

Judianna77@gmail.com

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 DEC -4 PM 4:32

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ARTICLES  
AND  
FILED

**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be: KAREY'S NURSERY & LANDSCAPING, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

114 -A THOMPSON CIRCLE

P.O. BOX 13794

TALLAHASSEE, FL 32312

TALLAHASSEE, FL 32317

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS IN THE STATE OF  
FLORIDA.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: KAREY FREEMAN--PRESIDENT

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

Address 114-A THOMPSON CIRCLE

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

TALLAHASSEE, FL 32312

Name and Title: JUDIANNA FREEMAN-VP

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

Address 114 - A THOMPSON CIRCLE

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

TALLAHASSEE, FL 32312

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: KAREY FREEMAN  
Address: 114 -A THOMPSON CIRCLE  
TALLAHASSEE, FL 32312

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JUDIANNA FREEMAN  
Address: 114-A THOMPSON CIRCLE  
TALLAHASSEE, FL 32317

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/04/2015 (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*

 \_\_\_\_\_ 12/04/2015  
Required Signature/Registered Agent 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.*

 \_\_\_\_\_ 12/04/2015  
Required Signature/Incorporator Date