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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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RESIDITARY OF STAFE

Section and Sectio

COVER LETTER

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

SUBJECT: M & M LANDSCAPING & SUPPLY INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

)M:	Michael Ferraro CPA
	Name (Printed or typed)
	196 E. Nine Mile Rd Suite E
•	Address
	Pensacola FL 32534
•	City, State & Zip
	850-475-4100
•	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.

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	ARTICLES OF INCO		
TICLE I N		₹0.	Sept.
name of the corp	AME oration shall be: M & M LANDSCA	PING & SUPPLY INC	,
TICLE II P	RINCIPAL OFFICE Principal street address	Mailing address, if different is 7	Phy
504 SILVE	RRIDGE DR	S. C. C.	پرزی
ANTONMI	ENT FL 32533		
			_ •
TICLE III P	URPOSE		-
purpose for which	th the corporation is organized is:	at bushibited by law	_
engage in	any business or activity n	ot pronibited by law.	.
- K - K	ary and his deap to attuin a souther	· · · · · · · · · · · · · · · · · · ·	
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			_
		·	
	HARES One	·	
TICLE IV S.		·	
number of shares			
number of shares TICLE V II	of stock is: One		
number of shares TICLE V II	of stock is: One	Name and Title: President	-
number of shares TICLE V II Name and T	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee	Name and Title: President Address:	- .
number of shares TICLE V II Name and T	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR	Name and Title: President Address:	-, ; -
TICLE V II Name and T Address	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR	Name and Title: President Address:	-,
number of shares TICLE V II Name and T Address	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: President Address:	-
number of shares TICLE V II Name and T Address	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: President Address: Name and Title:	- • •
TICLE V II Name and T Address Name and Ti	of stock is: One VITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: President Address: Name and Title:	- • •
TICLE V II Name and T Address Name and Ti	of stock is: One NITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: Address: Name and Title: Address:	- •
TICLE V II Name and T Address Name and Ti	of stock is: One VITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: President Address: Name and Title:	- • •
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TICLE V II Name and T Address Name and Ti Address	of stock is: One VITIAL OFFICERS AND/OR DIRECTOR itle: Lathathiel McGhee 1504 SILVERRIDGE DR CANTONMENT FL 32533	Name and Title: Name and Title: Name and Title: Address:	

ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lathathiel McGhee Address: 1504 SILVERRIDGE DR.: CANTONMENT FL 32533 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Lathathiel McGhee Address: 1504 SILVERRIDGE DR CANTONMENT FL 32533 Having been named as registered agent to accept service of process for the above stated corporation at the place designated this certificate. I per furniture with and accept the appointment as registered agent and agree to act in this capacity 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	Name an	d Title:	Name and Title:
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Lathathiel McGhee Address: CANTONMENT FL 32533 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Lathathiel McGhee Address: 1504 SILVERRIDGE DR CANTONMENT FL 32533 Having been damed as registered agent to accept service of process for the above stated corporation at the place designated this certificate. I of fundition with and accept the appointment as registered agent and agree to act in this capacity Required Signature/Registered Agent I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	Address	·	Address:
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Address: 1504 SILVERRIDGE DR.: CANTONMENT FL 32533			the registered agent is:
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this certificate, I of furtiliar with and accept the appointment as registered agent and agree to act in this capacity		CANTONMENT FL 32533	
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in	Having been dan this certificate, I	ned as registered agent to accept service of process or fundiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
	July	Required Signature/Registered Agent	
document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.			
Required Signature/Incorporator 1-11-6 Date	Jell	Required Signature/Incorporator	<u></u>