

P16000013047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

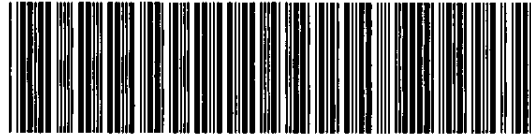
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2016 JAN 29 PM 3:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB - 9 2016

T. BROWN

## COVER LETTER

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

**SUBJECT:** DALE BEELER LANDSCAPING & MOWER 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:** DALE BEELER  
Name (Printed or typed)  
2434 SWEETWATER BLVD  
Address  
SAINT CLOUD, FLORIDA 34772  
City, State & Zip  
407-358-4192  
Daytime Telephone number  
GRACE@GRACEPCPA.COM  
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)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**                      DALE BEELER LANDSCAPING & MOWER, INC  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2434 SWEETWATER BLVD

Mailing address, if different is: \_\_\_\_\_

ST CLOUD, FL 34772

**ARTICLE III PURPOSE**

ANY LAWFUL PURPOSE  
The purpose for which the corporation is organized is: \_\_\_\_\_  
TO MOW LAWNS AND LANDSCAPE IN OSCEOLA COUNTY

**ARTICLE IV SHARES**

100  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: DALE BEELER, PRESIDENT

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

Address: 2434 SWEETWATER BLVD

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

ST CLOUD, FLORIDA 34772

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

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

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

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

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: DALE BEELER  
Address: 2434 SWEETWATER BLVD  
ST. CLOUD, FLORIDA 34772

**ARTICLE VII INCORPORATOR**

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

Name: DALE BEELER  
Address: 2434 SWEETWATER BLVD  
ST CLOUD, FLORIDA 34772

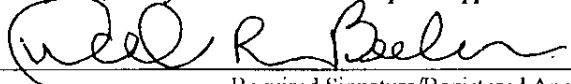
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (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*

 1/25/2015  
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.*

 1/25/2015  
Required Signature/Incorporator Date