

Mar 29 2016 3:36PM

NICK SPRADLIN

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (713) 429-1276

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
ERNESTO RUIZ AND SON'S LANDSCAPING INC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Monday, March 28, 2016

MAR 29 2016

T. BROWN

Mar 28 2016 3:16PM

NICK SPRADLIN

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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: ERNESTO RUIZ AND SON'S LANDSCAPING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
109 LUCILLE AVE

Mailing address, if different is:
109 LUCILLE AVE

FORT MYERS, FLORIDA 33916

FORT MYERS, FLORIDA 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000 COMMON STOCK AT 10 CENTS PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ERNESTO RUIZ, D, P

Name and Title: _____

Address 109 LUCILLE AVE

Address: _____

FORT MYERS, FLORIDA 33916

Name and Title: ERNESTO RUIZ JR. TREASURER

Name and Title: _____

Address 109 LUCILLE AVE

Address: _____

FORT MYERS, FLORIDA 33916

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: THE LAW OFFICES OF NICK SPRADLIN, PLLC
Address: 2202 N. WEST SHORE BLVD. STE 200
TAMPA, FLORIDA 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NICKOLAS J. SPRADLIN
Address: 2202 N. WEST SHORE BLVD. STE 200
TAMPA, FLORIDA 33607

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

Required Signature/Registered Agent
03/28/2016
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
03/28/2016
Date