016000032603

| | (Requestor's Name) | |
|----------------------|--------------------------|---------------------------------------|
| | (Address) | |
| | (Address) | |
| • | (City/State/Zip/Phone #) | |
| PICK-UF | P WAIT | MAIL |
| | (Business Entity Name) | |
| | (Document Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions | to Filing Officer: | · · · · · · · · · · · · · · · · · · · |
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| | Office Use Only | |



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TALLAIDASSEE FLORID

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COVER LETTER

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

| SUBJECT: LO | Kefront Wee | ed Control | Inc. |
|-------------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | l 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 | |
| FROM: | Ryan Brown | OY\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | |
| | 106 Hern | ton Street | <u> </u> |
| · — | Leesburgin, | FL 3472 State & Zip | 18 |
| | 352 – Daytime T | 801-0700 elephone number | |
| | E-mail address: (to be used | trol @ gmail | il. com |

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 1, 2016

RYAN BROWN 1106 HERNDON STREET LEESBURG, FL 34748

SUBJECT: LAKEFRONT WEED CONTROL INC.

Ref. Number: W16000015100

We have received your document for LAKEFRONT WEED CONTROL INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Tim Burch Regulatory Specialist II

Letter Number: 516A00004252

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

| The name of the corpora | tion shall be: Lake fro | ont weed Co | ontrol Inc. | |
|--|----------------------------------|--------------------------------------|--|-------------|
| 1100 He | Principal street address Street | | Mailing address, if different is: | _ |
| Leesbu | G.FL 34748 | | | _ |
| The purpose for which to | he corporation is organized is: | Control wer | ed growth | |
| | | | ASS TO THE RESERVE OF | |
| | | | | |
| ARTICLE IV SHARI The number of shares of | ES stock is: | | AIDA | |
| | LOFFICERS AND/OR DIRECT | | Ryan Brown Treasi | ~~ (|
| · Address | 1106 Herndon Leesburg, FC & | Address: | 1106 Herndon St. Leesburg FL 347 | |
| | | | J | - |
| Name and Title: | 1106 Herndon Les burg, Fl. | Name and Title: St. Address: 34748 | · | _ |
| Name and Title: | | Name and Title: | | |
| · Address | | Address: | | - |
| | | | | |

| Name and Title: | Name and Title: |
|--|--|
| Address | Address: |
| | |
| | |
| | |
| | |
| <i>ARTICLE VI REGISTERED AGENT</i> The <u>name and Florida street address</u> (P.O. Box l | NOT acceptable) of the registered agent is: |
| Name: Ryan Brown | |
| Address: 1106 Herrica | in Street |
| Address: 1106 Hernda Leesburg, F | 134748 |
| ARTICLE VII INCORPORATOR | |
| The name and address of the Incorporator is: | |
| Name: Ruch Bro | |
| Name: Ryan Brown Address: 1106 Herndo | n Street |
| Lesburg, F | The state of the s |
| ARTICLE VIII _EFFECTIVE DATE: | هغ |
| Effective date, if other than the date of filing: | . (OPTIONAL) pecific and cannot be more than five business days prior or 90 business |
| Note: If the date inserted in this block does not not the document's effective date on the Department. | neet the applicable statutory filing requirements, this date will not be listed a of State's records. |
| | t service of process for the above stated corporation at the place designated appointment as registered agent and agree to act in this capacity |
| K R | gistered Agent $2-18-16$ |
| Required Signature/Re | gistered Agent Date |
| | stated herein are true. I am aware that the false information submitted in third degree felony as provided for in s.817.155, F.S. |
| Required Signature/Incorporator | 7-18-16 Date |
| Required Signature/Incorporator | Date |