

P16000036288

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2016 APR 21 PM 4:20  
TALLAHASSEE, FLORIDA

APR 25 2016

T BROWN

## COVER LETTER

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

SUBJECT: ACADIAN LAWN CARE & 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: GREGORY A. CAMP  
Name (Printed or typed)  
37606 Tall Pines Drive  
Address  
ZEPHYRHILLS, FL 33542  
City, State & Zip  
813-326-7073  
Daytime Telephone number  
gcamp62@yahoo.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 12, 2016

GREGORY A. CAMP  
37606 TALL PINES DR  
ZEPHYRHILLS, FL 33542

SUBJECT: ACADIAN LAWN CARE & LANDSCAPING INC.  
Ref. Number: W16000027036

We have received your document for ACADIAN LAWN CARE & LANDSCAPING 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.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L09000073280 - ACADIAN LAWN CARE AND LANDSCAPING, LLC.

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.

Teresa Brown  
Regulatory Specialist II

Letter Number: 316A00007497

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: ACADIAN LAWN CARE ~~MANAGEMENT~~ INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

Mailing address, if different is:

37606 Tall Pines Dr  
Zephyrhills, FL 33542

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Lawn Care  
Services in a lawful manner.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory A. Camp Name and Title: \_\_\_\_\_

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

37606 Tall Pines Dr  
Zephyrhills FL 33542

Name and Title: BEATRICE E. Camp Name and Title: \_\_\_\_\_

Address: Secretary/Treasurer Address: \_\_\_\_\_

37606 Tall Pines Dr  
Zephyrhills, FL 33542

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

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

2016 APR 21 PM 4:20  
SECRETARY OF STATE  
TALLAHASSEE FL 32310

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:

Beatrice Camp

Address:

37606 Tall Pines Dr  
Zephyrhills, FL 33542

**ARTICLE VII INCORPORATOR**

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

Name:

Beatrice Camp

Address:

37606 Tall Pines Dr  
Zephyrhills, FL 33542

**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.)

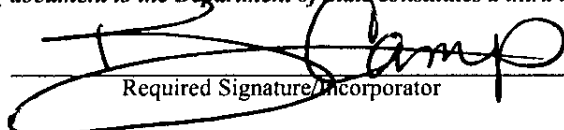
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

3/30/14  
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

3/30/14  
Date