

PL6000052962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

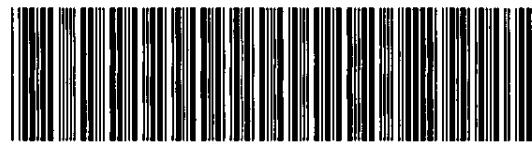
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Rock Star Gardenscaping, 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 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
 & Certified Copy Certified Copy
 & Certificate of & Certificate of
 Status Status

ADDITIONAL COPY REQUIRED

FROM: Nestor P. Martinez
Name (Printed or typed)

13330 SW 288 ST, UNIT A

Address

HOMESTEAD, FL 33033

City, State & Zip

786-234-7794

Daytime Telephone number

wcobourne@comcast.net

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)

ARTICLE I NAME

The name of the corporation shall be: Rock Star Gardening, Inc.

ARTICLE II — PRINCIPAL OFFICE

Principal street address
13330 SW 288 ST., UNIT A
HOMESTEAD, FL 33033

Mailing address, if different is:

ARTICLE III PURPOSE

ARTICLE III - PURPOSE

The purpose for which the corporation is organized is:

OUTDOOR PROPERTY MAINTENANCE

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nestor P. Martinez, President Name and Title: _____

Address: 13330 SW 288 ST., UNIT A Address:

HOMESTEAD, FL 33033

Name and Title: _____ Name and Title: _____

Address: _____

11. *What is the primary purpose of the following statement?*

Name and Title: _____

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: NESTOR P. MARTINEZ

Address: 13330 SW 288 ST., UNIT A

HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

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

Name: NESTOR P. MARTINEZ

Address: 13330 SW 288 ST., UNIT A

HOMESTEAD, FL 33033

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

Nestor Martinez 6-8-16

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.

Nestor Martinez 6-8-16

Required Signature/Incorporator Date