

P16000 84441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

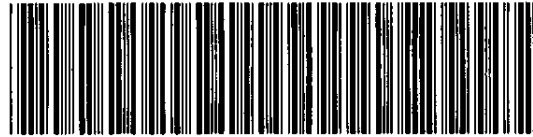
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500290658985

500290658985  
10/20/16--01001--006 \*\*78.75

SECRET  
TALLAHASSEE FLORIDA

16 OCT 19 PM 4:46

APPROVED  
FILED

RECEIVED  
DEPARTMENT OF STATE  
16 OCT 19 PM 4:29

## COVER LETTER

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

**SUBJECT:** BARNIDGE LANDSCAPING SERVICES, 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  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Jay Blake Barnidge

Name (Printed or typed)

175 Casora Drive

Address

Crawfordville, FL 32327

City, State & Zip

850-509-7704

Daytime Telephone number

barnidgelandscaping@gmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 OCT 19 PM 4:46

APPROVED  
AND  
FILED

**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: BARNIDGE LANDSCAPING SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

175 Casora Drive

Crawfordville, FL 32327

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide commercial and residential landscaping services,

and to do all things necessary or convenient to carry out the business of the corporation, as outlined in Chapter 607,

Florida Statutes.

**ARTICLE IV SHARES**

The number of shares of stock is: 7,500 shares common stock @ \$1/share.

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

Name and Title: Jay Blake Barnidge, Pres/Sec/Treas

Address 175 Casora Drive

Crawfordville, FL 32327

Name and Title: Peggy S. Barnidge, Vice Pres

Address: 175 Casora Drive

Crawfordville, FL 32327

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

16 OCT 19 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
FILED

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: Jay Blake Barnidge  
Address: 175 Casora Drive  
Crawfordville, FL 32327

SECRET  
TALLAHASSEE - FLORIDA

16 OCT 19 PM 4: 46

APPROVED  
AND  
FILED

**ARTICLE VII INCORPORATOR**

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

Name: Jay Blake Barnidge  
Address: 175 Casora Drive  
Crawfordville, FL 32327

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1, 2017 (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*

Jay Blake Barnidge  
Required Signature/Registered Agent

10-17-16  
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.*

Jay Blake Barnidge  
Required Signature/Incorporator

10-17-16  
Date