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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

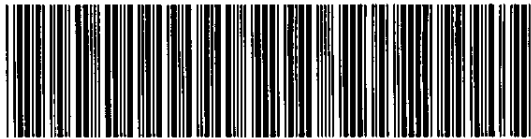
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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W/6-079531

12/15/16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2016

FLOR ALMONACID  
P.O. BOX 9192  
DAYTONA BCH., FL 32120

SUBJECT: LAWN SERVICE BY EVERGREEN, INC.  
Ref. Number: W16000079531

We have received your document for LAWN SERVICE BY EVERGREEN, INC. and your check(s) totaling \$78.75. 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 the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 516A00025326

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16 OCT 15 PM 12:11

## COVER LETTER

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

**SUBJECT:** Lawn Service by Evergreen, 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:** Flor Almonacid, Vice President

\_\_\_\_\_  
Name (Printed or typed)

PO Box 9192

\_\_\_\_\_  
Address

Daytona Beach, FL 32120

\_\_\_\_\_  
City, State & Zip

386-871-4980

\_\_\_\_\_  
Daytime Telephone number

lawnservicebyevergreen@gmail.com

\_\_\_\_\_  
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: Lawn Service by Evergreen, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal **street** address

633 South Palmetto Ave., Unit 104

Daytona Beach, FL 32114

Mailing address, if different is:

PO Box 9192

Daytona Beach, FL 32120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Franchise lawn service company.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Ivette Arosemena, President

Address

PO Box 9192

Daytona Beach, FL 32120

Name and Title: Flor Almonacid, V.P.

Address:

PO Box 9192

Daytona Beach, FL 32120

Name and Title: Flor Almonacid, Treasurer

Address

PO Box 9192

Daytona Beach, FL 32120

Name and Title: Efrain Vargas, Secretary

Address:

PO Box 9192

Daytona Beach, FL 32120

Name and Title:

Address

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: Flor Almonacid, V.P.  
Address: 633 South Palmetto Ave., Unit 104  
Daytona Beach, FL 32114

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**ARTICLE VII INCORPORATOR**

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

Name: Flor Almonacid, V.P.  
Address: PO Box 9192  
32120

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: n/a. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Flor Almonacid 11/23/2016  
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.*

Flor Almonacid 11/23/2016  
Required Signature/Incorporator Date