

PN 000041365

(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



400298981334

05/10/17--01001--004 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY -9 PM 3:31

RECEIVED
DEPARTMENT OF STATE
17 MAY -9 PM 3:26

COVER LETTER

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

SUBJECT: United View Landscaping and Property 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: United View Landscaping and Property Services
Name (Printed or typed)

1112 S Magnolia Dr T104
Address

Tallahassee FL 32301
City, State & Zip

954 822-6533
Daytime Telephone number

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: United View Landscaping^{and} Property Services inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1112 Smagholia Dr T104
Tallahassee FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Property Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Prudent Eugene PD
Address: 1112 Smagholia Dr
T104
Tallahassee FL 32301

Name and Title: Jason Eugene PD
Address: 1112 Smagholia Dr
T104
Tallahassee FL 32301

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
17 MAY - 9 PM 3:31

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: Jason Eugene

Address: 1112 Smagolia Dr T104
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

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

Name: Jason Eugene
Address: 1112 Smagolia Dr T104
Tallahassee FL 32301

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

[Signature]
Required Signature/Registered Agent

5-9-2017

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.

[Signature]
Required Signature/Incorporator

5-9-2017

Date