

P/7000049847

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

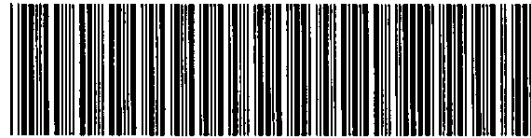
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/07/17---01002--002 **70.00

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17 JUN -7 PM 12:14
CLERK OF COURT
TALLAHASSEE, FLORIDA

06/08/17

COVER LETTER

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

SUBJECT: Unlimited Land Solutions, 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: Stephanie Cooper

Name (Printed or typed)

6039 Cypress Gardens Blvd, Suite 148

Address

Winter Haven, FL 33884

City, State & Zip

863-412-6012

Daytime Telephone number

stephanie@waterforlifefla.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: Unlimited Land Solutions, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide services to residential and commercial property owners

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie Cooper, VP

Address: 6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

Name and Title: Johnny Cooper, Pres.

Address: 6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

Name and Title: Johnathan Cooper, Secretary

Address: 6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

Name and Title:

Address:

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: Stephanie Cooper
Address: 6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
17 JUN -7 PM 12:14

ARTICLE VII INCORPORATOR

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

Name: Stephanie Cooper
Address: 6039 Cypress Gardens Blvd., Suite 148
Winter Haven, FL 33884

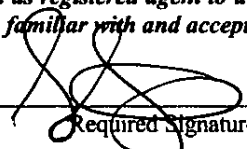
ARTICLE VIII EFFECTIVE DATE:

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 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

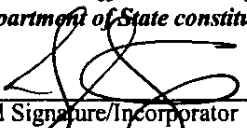


Required Signature/Registered Agent

6-1-17

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

6-1-17

Date