

P17000093592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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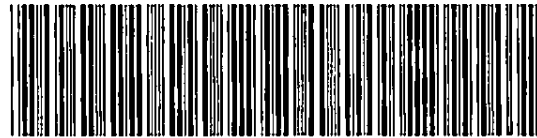
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 NOV 20 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 27 2017

COVER LETTER

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

SUBJECT: Green Leaf Solutions of Florida 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: Eric J Lefebvre

Name (Printed or typed)

687 Buckskin Drive

Address

Englewood, FL ~~34224~~

City, State & Zip

941468-2493

Daytime Telephone number

EricJLefebvre@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: Green Leaf Solutions of Florida Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address EOL
687 Buckskin Drive, Englewood, FL ~~34224~~ 34223

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: concierge services

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eric J Lefebvre, President

Name and Title: John E Lefebvre, Vice President

Address 687 Buckskin Drive
Englewood, FL ~~34224~~ 34223 EOL

Address: 10173 Castanet Ave
Englewood, FL 34224

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Eric J Lefebvre

Address: 687 Buckskin Drive

Englewood, FL 34223

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Eric J Lefebvre

Address: 687 Buckskin Drive

Englewood, FL 34223

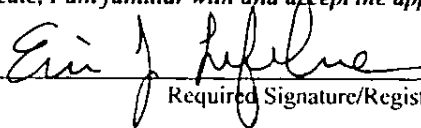
ARTICLE VIII EFFECTIVE DATE:

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.

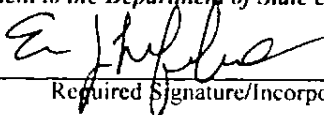
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

11/15/2017
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.



Required Signature/Incorporator

11/15/2017
Date