

P18 000 008 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

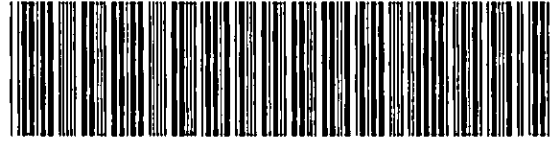
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/18--01010--003 **78.75

D O'KEEFF

JAN 26 2018

COVER LETTER

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


SUBJECT: ^{Law} Great American ~~Yard~~Care Co.

(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: David Williams
Name (Printed )
10203 SW 120 St
Address
Miami FL 33176
City, State & Zip
305 450 3430
Daytime Telephone number
coachwilliams20@hotmail.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: Great American Lawn Care Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10203 SW 120 St

PO Box 161004

Miami FL 33176

Miami FL 33116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: lawn and landscape maintenance

ARTICLE IV SHARES

The number of shares of stock is: N/A

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Williams  Name and Title: _____

Address 10203 SW 120 St Address: _____

Miami FL 33176 _____

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: David Williams
Address: 10203 SW 120 St
Miami FL 33176

ARTICLE VII INCORPORATOR

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

Name: David Williams
Address: 10203 SW 120 ST
Miami FL 33176

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

David Williams Required Signature/Registered Agent 1/16/18 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.

David Williams Required Signature/Incorporator 1/16/18 Date