

P18 000 008 505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

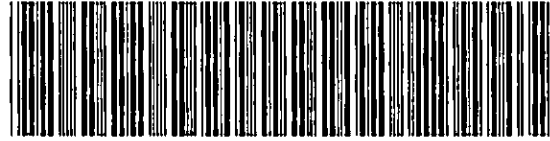
(Business Entity Name)

(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 ☒ \$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: 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

David Williams

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

David Williams

1/16/18

Date