P150000 16366

(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:				





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2018 FEB 20 AM II: 53

COVER LETTER

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

SUBJECT:	SINGLETARY	INCORPORA	T E D	
-	(PROPOSED CORPORAT	TE NAMÉ – <u>MUST INCLU</u>	IDE 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	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee. Certified Copy & Certificate of Status	
		ADDITIONAL CO	PY REQUIRED	
FROM: Traylor Britton Singlefary Name (Printed or typed) 313 Henderson Rd Address TACL FLA, 32312 (City, State & Zip Baytime Telephone number Logsplitter Tally 1 @ gma, 1, Cam 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: \(\sqrt{\text{Mg(e}} \)	etary INC
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
313 Hendersun Rd	Sume:
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Land Care & Land Scape Lighting	peing, STORM Drains, and Household maintine
ARTICLE IV SHARES The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR Name and Title: Traylor Single for Address 313 Hen deson Re	PILED SEURETARY OF STATE ALLAHASSEE FLORE Name and Title: Name and Title:
Name and Title: Address 313 Henderson Re Dayllene Singlet Address 311 Henderson	long president
Name and Title:Address	Name and Title: Address:

Name and Title:	Name and Title:
Address .	Address:
ARTICLE VI REGISTERED AGENT	and the second of the second o
The name and Florida street address (P.O. Box NOT	acceptable) of the registered agent is:
Name: Transfer Birth	on Single factor of Red 32312
Address: 313 (tenders)	B 20
TACC, & CA,	SEE. OF A
DEFECT OF THE THEODRA (TOP)	AHII: 50
ARTICLE VII INCORPORATOR	ORATE 53
The <u>name and address</u> of the Incorporator is:	House Contactions
Name: 1 Couple 19/16	11011 S. 150e 17
Address: 3/3 Hende	7339 /
TALL, FLA,	323/2
(A)	Han Singleford 2-500 Rd 323/2 15AP - HoneFully 2-20-18)
- Difference data it other than the date of filing:	, (OPTIONAL)
(If an effective date is listed, the date must be spec filing.)	rific and cannot be more than five days prior or 90 days after the
<u>-</u>	t the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of S	State's records.
Having been named as revistered agent to accept se	rvice of process for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the app	pointment as revistered agent and agree to act in this capacity 1-20-18
I raylor Bullon &	
Required Signature/Regist	
I submit this document and affirm that the facts sto document to the Department of State constitutes a th	ated herein are true. I am aware that the false information submitted in a ird degree Plony as provided for in s.817.155, F.S.
Trak But	2-20-18 Date
Required Signature/Incorporator	Date