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(Requestor's Name)

\_\_\_\_\_  
(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

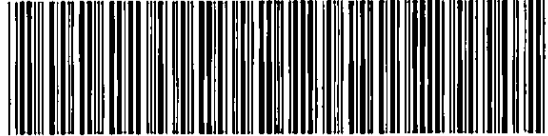
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. O'KEEFE  
MAR 09 2018

## COVER LETTER

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

SUBJECT:

Gaines Landscaping 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:

Lody Gaines

Gaines Landscaping Inc.  
Name (Printed or typed)

11655 Old Federal Rd  
Address

Quincy Fla 32351  
City, State & Zip

850-566-1942  
Daytime Telephone number

Vansia-Mcgriff39@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: Gaines Landscaping Inc.

ARTICLE II PRINCIPAL OFFICE

11655 Old Federal Rd  
Quincy Fla 32351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscaping

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hedy Gaines president Name and Title: \_\_\_\_\_

Address: Old Federal Rd Address: \_\_\_\_\_

11655 Old Federal Rd  
Quincy Fla 32351

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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: Lloyd E. Gaines  
Address: 11655 Old Federal Rd  
Quincy Fla 32351

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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Lloyd E. Gaines  
Address: 11655 Old Federal Rd  
Quincy Fla 32351

**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

Lloyd E. Gaines  
Required Signature/Registered Agent

3/8/18  
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.

Lloyd E. Gaines  
Required Signature/Incorporator

3/8/18  
Date

.....  
Lloyd  
I Lloyd E. Gaines will not  
reinstate the Gaines Landscaping Inc.  
Ref# PO70000093624

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TALLAHASSEE, FLORIDA

Glad & go

3/9/18