

P18 000 022 928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

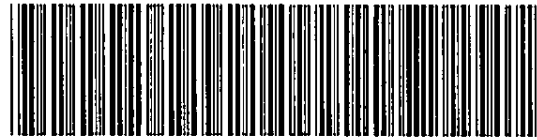
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000309022740

02/16/18--01015--004 \*\*70.00

FILED  
18 FEB 27 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



D O'KEEFE

MAR 13 2018

W18-17391



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2018

JOYCE NORCROSS  
34411 ISLAND DRIVE  
LEESBURG, FL 34788

SUBJECT: SEAPLANE CITY LANDSCAPES, INC.  
Ref. Number: W18000017391

We have received your document for SEAPLANE CITY LANDSCAPES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 018A00003591

*Attention*

RECEIVED

2018 FEB 27 PM 1:10

REGISTRATION DIVISION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

18 FEB 27 AM 7:15

FILED

February 26, 2018  
FL Dep. of State  
Div. of Corporations  
P.O. Bo 6327  
Tallahassee, FL 32314

RE: Seaplane City Landscapes Ref. No.: W18000017391

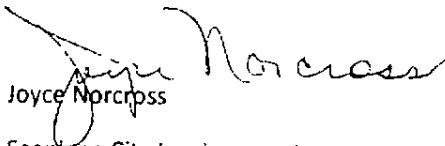
Dear Sir:

This letter is to state that it is NOT our intension to reinstate the previously dissolved company under above referenced number.

We would like to use the name on this application. The address and officers remain the same.

Thank you for your prompt attention,

Sincerely,

  
Joyce Norcross

Seaplane City Landscapes, inc.

34411 island Drive

Leesburg, FL 34788

407-808-0916

FILED  
18 FEB 27 AM 7:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



February 13, 2018

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

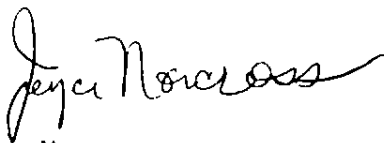
Dear Sir:

Per my conversation with the Department of Corporations of this date, please find enclosed the following:

1. Cover letter for Seaplane City Landscapes, Inc. on required form
2. Original Articles of Incorporations and a copy of same
3. Check for \$70.00

This is not a reinstatement, however the names of the officers and all other information for the corporation remain the same.

Sincerely,



Joyce Norcross

DS/registered agent

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**COVER LETTER**

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

SUBJECT: Seaplane City Landscapes, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Joyce Norcross  
Name (Printed or typed)

34411 Island Drive  
Address

Leesburg, FL 34788  
City, State & Zip

407-808-0916  
Daytime Telephone number

Just2smvfss@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: Seaplane City Landscapes, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

34411 Island Drive  
Leesburg, FL 32735

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Professional Corporation

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Joyce Norcross Name and Title: \_\_\_\_\_

Address: Director, Secretary Address: \_\_\_\_\_

34411 Island Drive  
Leesburg, FL 34788

Name and Title: Geoff Norcross Name and Title: \_\_\_\_\_

Address: Director, President Address: \_\_\_\_\_

34411 Island Drive  
Leesburg, FL 34788

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: Joyce Norcross  
Address: 34411 Island Drive  
Leesburg, FL 34788

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Joyce Norcross  
Address: 34411 Island Drive  
Leesburg, FL 34788

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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*

Joyce Norcross \_\_\_\_\_ 2-13-18  
Required Signature/Registered Agent 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.*

Joyce Norcross \_\_\_\_\_ 2-13-18  
Required Signature/Incorporator Date