

P18000047216

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000159244 3)))



H180001592443ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

FILED  
2018 MAY 23 AM 9:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

RECEIVED  
2018 MAY 23 PM 5:03  
DIVISION OF CORPORATIONS  
COMMERCIAL  
INTEGRATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION  
TURF MAN, INC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

FILED

2018 MAY 23 AM 9:05

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: Turf Man, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

16088 East Aintree Drive

Loxahatchee, FL 33470

Mailing address, if different is:

16088 East Aintree Drive

Loxahatchee, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christina Costa/PRESIDENT

Address: 16088 East Aintree Drive  
Loxahatchee, FL 33470

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

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

Name and Title: Christopher Costa/VP

Address: 16088 East Aintree Drive  
Loxahatchee, FL 33470

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

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

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

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

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

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: Christina Costa  
Address: 16088 East Aintree Drive  
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christina Costa  
Address: 16088 East Aintree Drive  
Loxahatchee, FL 33470

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 business days prior or 90 business 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.

Christina Costa  
Required Signature/Registered Agent

5-23-18  
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.

Christina Costa  
Required Signature/Incorporator

5-23-18  
Date

FILED  
2018 MAY 23 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA