

P180000DA8367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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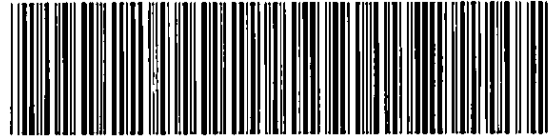
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAY 29 PM 3:26

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2003 MAY 29 PM 3:50
SECRETARY OF STATE
ALABAMA DEPT. OF REVENUE

COVER LETTER.

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

SUBJECT: Gorilla LAWN SERVICE 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: LAWRENCE W. LAM MODERAU
Name (Printed or typed)

2627 Brentshire Drive
Address

TALLAHASSEE Florida 32303
City, State & Zip

850-599-1935
Daytime Telephone number

Gorilla LAWN SERVICE@COMCAST.NET
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: GONILLA LAWN SERVICE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
2627 Brentshire Dr
TALLAHASSEE Florida 32303

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAWN SERVICE

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY MICKELAU Owner Name and Title: _____

Address: 2627 Brentshire Dr Address: _____

TALL FL 32303

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2010 MAY 29 PM 3:50
CLERK OF STATE
TALLAHASSEE, FL 32303

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: LARRY MADERAU

Address: 2627 Brentshire Dr

TALL FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY MADERAU

Address: 2627 Brentshire Dr

TALL FL 32303

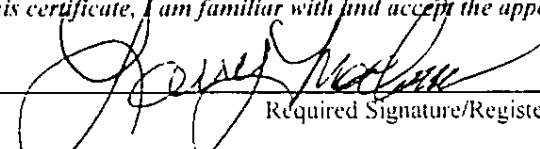
ARTICLE VIII EFFECTIVE DATE:

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


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.


Required Signature/Incorporator

_____ Date