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\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

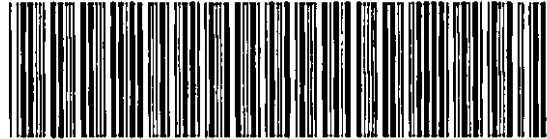
\_\_\_\_\_  
(Business Entity Name)

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

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

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DIVISION OF REVENUE  
STATE OF NEW YORK

C RICO  
SEP 28 2018

## COVER LETTER

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

**SUBJECT:** VALCIN BEST CUT 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:** SARAPHIN VALCIN  
Name (Printed or typed)  
6622 SW 7 PLACE  
Address  
NORTH LAUDERDALE FL 33068  
City, State & Zip  
954 638 3342  
Daytime Telephone number  
GDAZ2000@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

18 SEP 28 PM 3 41

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
SEP 28 2000

**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: VALCIN BEST CUT LAWN SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6622 SW 7TH PLACE

SAME

NORTH LAUDERDALE, FL 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: \_\_\_\_\_

ALL LAWFULL BUSINESS

**ARTICLE IV SHARES**

1000 SHARES

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: SARAPHIN VALCIN, PRES, T, S

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

Address 6622 SW 7th PLACE

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

NORTH LAUDERDALE

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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18 SEP 28 PM 3:41  
CLERK OF DISTRICT COURT  
JULIA A. BROWN  
1000

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: SARAPHIN VALCIN  
Address: 6622 SW 7th PLACE  
NORTH LAUDERDALE, FL 33068

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SARAPHIN VALCIN  
Address: 6622 SW 7th PLACE  
NORTH LAUDERDALE, FL 33068

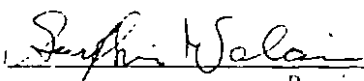
**ARTICLE VIII EFFECTIVE DATE:**

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.)

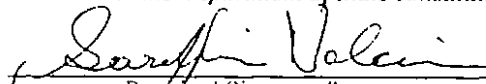
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

09/23/2018  
\_\_\_\_\_  
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

09/23/2018  
\_\_\_\_\_  
Date