

P18000089844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

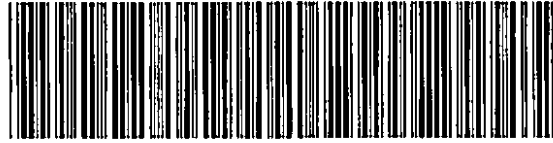
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 OCT 29 AM 10:19
SEC. FRI. 13
TALLAHASSEE, FLORIDA

OCT 31 2018

K Brumbley

TO: DEPARTMENT OF STATE
NEW FILING SECTION
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

FROM: SOUTH FLORIDA LAWNS INC
1591 SE PORT ST LUCIE BLVD STE C
PORT ST LUCIE, FL 34952

RE: REVOKING RIGHTS TO DOCUMENT #P96000018806

NEW FILING SECTION, DIVISION OF CORPORATIONS;

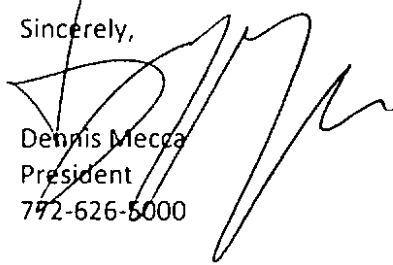
Please be advised that we will not use the previous State document #P96000018806 and revoke the right to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name of SOUTH FLORIDA LAWNS INC.

Please accept the attached articles of Incorporation and fees of \$70.00.

If you have any questions, please feel free to contact me.

Sincerely,


Dennis Mecca
President
772-626-5000

COVER LETTER

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

SUBJECT: SOUTH FLORIDA LAWNS 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: DENNIS MECCA

Name (Printed or typed)

1591 SE PORT ST LUCIE BLVD STE C

Address

PORT ST LUCIE, FL 34952

City, State & Zip

772-626-5000

Daytime Telephone number

dennis@southfloridalawns.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: SOUTH FLORIDA LAWN INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1591 SE PORT ST LUCIE BLVD STE C

SAME AS PRINCIPAL

PORT ST LUCIE, FL 34952

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE OBJECT AND PURPOSE OF THIS CORPORATION IS TO EN

IN TRANSACT ANY OR ALL LAWFUL BUSINESS FOR WHICH CORPORATIONS MAY BE INCORPORATD

UNDER THE LAWS OF THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DENNIS MECCA, PRESIDENT

Name and Title:

Address 1591 SE PORT ST LUCIE BLVD STE C

Address:

PORT ST LUCIE, FL 34952

Name and Title: RYAN MECCA, VICE PRESIDENT

Name and Title:

Address 1591 SE PORT ST LUCIE BLVD STE C

Address:

PORT ST LUCIE, FL 34952

Name and Title:

Name and Title:

Address

Address:

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21 OCT 29 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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: DENNIS MECCA _____

Address: 1591 SE PORT ST LUCIE BLVD STE C _____

PORT ST LUCIE, FL 34952 _____

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DENNIS MECCA _____

Address: 1591 SE PORT ST LUCIE BLVD STE C _____

PORT ST LUCIE, FL 34952 _____

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

10-25-2018

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

10-25-2018

Date