

P1800090867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

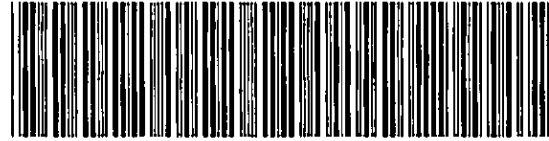
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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NOV 05 2018

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NOV 05 2018 11:55  
FILING OFFICE



## COVER LETTER

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

**SUBJECT:** SOUTH FLORIDA LAWN SPRAY DIVISION 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      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 LAWNS SPRAY DIVISION, 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: \_\_\_\_\_

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

NOV - 1 AM 11:55  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT  
CLERK OF DISTRICT COURT



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



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

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

RE: REVOKING RIGHTS TO DOCUMENT #P01000046999

NEW FILING SECTION, DIVISION OF CORPORATIONS;

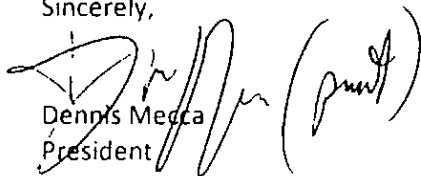
Please be advised that we will not use the previous State document #p0100004699 and revoke the right to the aforementioned State document #.

We are submitting a new application for a new corporation and State document # using the same name of South Florida Lawns Spray Division 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