

P 19000020233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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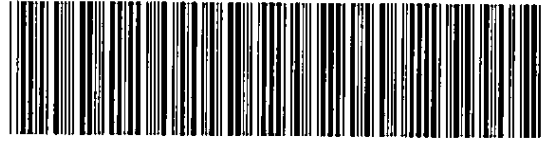
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

W19000001234

OK

COVER LETTER

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

SUBJECT: Vasquez Landscape Services, 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: Hugo Vasquez Lopez

Name (Printed or typed)

PO Box 1006

Address

Lake Worth, FL 33460

City, State & Zip

561-275-4346

Daytime Telephone number

hugovasquez841@gmail.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)

HUGO VA590C2

ARTICLE I NAME

The name of the corporation shall be:

VASQUEZ LANDSCAPE SERVICES, INC. 2/6/19

ARTICLE II PRINCIPAL OFFICE

Principal street address

722 North H Street

Lake Worth, Florida 33460

Mailing address, if different is:

PO Box 1006

Lake Worth, Florida 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hugo Vasquez Lopez, PTD

Address: PO Box 1006

Lake Worth, Florida 33460

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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19 FEB -8 AM 8:55
CLERK OF DISTRICT COURT
DADE COUNTY, FLORIDA

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: Hugo Vasquez Lopez
Address: 722 North H Street
Lake Worth, Fl 33460

ARTICLE VII INCORPORATOR

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

Name: Hugo Vasquez Lopez
Address: PO Box 1006
Lake Worth, Florida 33460

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/19. (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

HUGO VASQUEZ
Required Signature/Registered Agent

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.

HUGO VASQUEZ
Required Signature/Incorporator

12/26/18
Date
FILED
FEB - 9 AM
6:58
12/26/18
Date