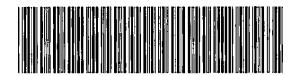
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November 18, 2019

OUTDOOR SPECIALTIES OF NORTH EAST FLORIDA,INC. 1873 SWISS OAKS ST SAINT JOHNS, FL 32259

SUBJECT: OUTDOOR SPECIALTIES OF NORTH EAST FLORIDA,INC.

Ref. Number: W19000101044

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the <u>electronic filing cover sheet</u>.

The specific purpose of the entity must be set forth in the document.

If you have any further questions concerning your document, please call (850) 245-6052.

Shondreka M Bellenger Regulatory Specialist II New Filing Section

Letter Number: 719A00023623

COVER LETTER

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

SUBJECT: <u>OUTPOOR SPECIALTIES OF NORTH EAST FLORIDA</u>, ENC. (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	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
		•	

FROM:	OUTDOOR SPECIAL TIES OF NORTH EAST IZORINA, IM. Name (Printed or typed)
	1873 SW155 OAKS ST. Address
	SAINT JOHNS, FL 32259 City, State & Zip
	710 - 289 - 2645 Daytime Telephone number
-	Flanggan land scape inc B gmal 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)

The name of the corporation shall be: OUT DO	OR SPECIALTIES OF NORTH EAST FLORIDA, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
1873 SWISS OAKS ST.	
SAINT JOHNS, FC 3225	
ARTICLE III PURPOSE	
	ed is:
, ,	
COMMERCIAL SPECIAL HE	5 LANDSCAPE
-	
	<u></u>
ARTICLE IV SHARES	
The number of shares of stock is: 1,005	7.7(-3
ARTICLE V INITIAL OFFICERS AND/OR	
Name and Title: TARED F/	NA GAN, Name and Title:
Name and Title. White	Nume and Time.
Address <u>1873 Sio155</u>	OAKS 5TILLETYESS:
•	
STAINT JOHN	<u></u>
	
Name and Title:	Name and Title:
6.d.d	Addresses.
Address	Address:
	N. 1991
Name and Title:	Name and Title:
Address	Address
Addiess	Address:
-	

Name ar	nd Title:	Name and Title:	
Address	s	Address:	
	<u>REGISTERED AGENT</u> Torida street ad <u>dress</u> (P.O. Box NOT accep	otable) of the registered agent is:	
Name:	Jared Flanagan		
Address:	1873 Swiss OaksStreet		
	Saint Johns,FL 32259		
	INCORDOR (TOD		
	INCORPORATOR ddress of the Incorporator is:		
rne <u>name and a</u>	•		
Name:	Jared Flanagan		
Address:	1873 Swiss OakStreet		
	Saint Johns,FL 32259		
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	(OPTIONA	L)
(If an effective of filing.)	date is listed, the date must be specific an	d cannot be more than five days	prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the ap effective date on the Department of State's r	plicable statutory filing requireme ecords.	nts, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of am familiar with and accept the appointme	nt as registered agent and agree to	oration at the place designated in this capacity
0 /	Required Signature/Begistered Ag		10-22-19 Date
	Required Signature/Begistered Ag	ent)	Date
/ I submit this doc document to the	cument and affirm that the facts stated he Department of State constitutes a third deg	ein are true. I am aware that the ee felony as provided for in s.817.	false information submitted in 155, F.S.
I submit this doc document to the	cument and affirm that the facts stated he Department of State constitutes a third deg	ein are true. I am aware that the ee felony as provided for in s.817.	e false information submitted in 155, F.S. 10 - 22 - 19

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