

P200000027949

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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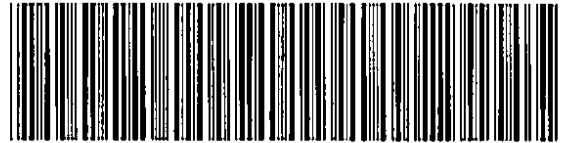
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 APR -2 AM 6:58
STATE
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COVER LETTER

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

SUBJECT: SEA PINE PLANTS + PALMS, 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: SEA PINE PLANTS + PALMS, INC.
Name (Printed or typed)

1360 DE GROVE RD.
Address

JACKSONVILLE, FL 32259
City, State & Zip

904-704-8495
Daytime Telephone number

SEA PINES LANDSCAPING @ 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)

ARTICLE I NAME

The name of the corporation shall be: SEA PINE PLANTS + PALMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1360 DE GROVE RD.
JACKSONVILLE, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHS.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LARRY D. CLARDY, VICE PRES. Name and Title: _____

Address 1360 DE GROVE RD. Address: _____
JACKSONVILLE, FL 32259

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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2020 APR -2 AM 6:58
CLERK OF DISTRICT COURT
STATE OF 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: LARRY D. CLARDY
Address: 1360 DE GROVE RD.
JACKSONVILLE, FL 32259

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LARRY D CLARDY
Address: 1360 DE GROVE RD.
JACKSONVILLE, FL 32259

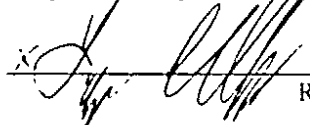
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: MARCH 26, 2020 (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

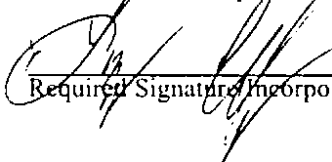


Required Signature/Registered Agent

3-26-2020

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

3-26-2020

Date

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