P21000083731

(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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COVER LETTER

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

SUBJECT: Simple luxury 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: Emanuel Rolon
Name (Printed or typed)

7860 SW 17th Pl
Address

Ocala FL 34474
City, State & Zip

352 362 6014
Daytime Telephone number

Simpleluxurylawnz@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Simple luxury lawns inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

7860 SW 17 Pl
Ocala, Fl 34474

Mailing address, if different is:

Same

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emanuel Rubin

Address: 7860 SW 17th PL
Ocala, Fl 34474
President

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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: Emanuel Rolon

Address: 7860 SW 17th PL

Ocala FL 34474

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TALLAHASSEE, FL

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emanuel Rolon

Address: 7860 SW 17th PL

Ocala FL 34474

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

_____ 9/24/21

Required Signature/Registered Agent 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.

_____ 9/24/21

Required Signature/Incorporator Date