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2024 MAY 21 AM 9:47

STATE
TALLAHASSEE, FL

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STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: AMPED ON LANDSCAPING 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: MARION A. HILLIARD
Name (Printed or typed)

425 WEST ORANGE AVE
Address

TALLAHASSEE FL 32306
City, State & Zip

(850) 322-1012
Daytime Telephone number

MARIONHILLIARD@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

TALLAHASSEE, FL
STATE

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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: AMPED ON LANDSCAPING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 425 W. ORANGE AVE
Mailing address, if different is: _____
TALLAHASSEE FL 32306

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARION Hilliard - CEO Name and Title: _____

Address: 425 W. ORANGE AVE Address: _____
TALLAHASSEE FL 32306

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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STATE

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: JAMES EATON
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JAMES EATON
Address: 6149 JASON TRAIL
TALLAHASSEE FL 32317

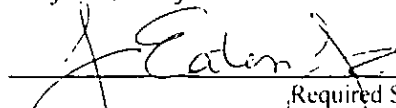
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/16/24 (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.)

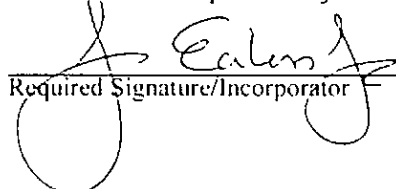
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

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TALLAHASSEE
FL
STATE
5/16/24
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

Date 5/16/24