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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Lawn Boss, Inc	' ₋
Please Debit FCA00000003 For: 70	202
Thank you Seth Neeley	2024 HOY
Sta/	Art of Inc. File S
	LTD Partnership File 59 Foreign Corp. File 59
	Foreign Corp. File 99
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
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	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
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COVER LETTER

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

SUBJECT:	The Lawn Boss, Inc		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d a check for:
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status PY REQUIRED
FROM:		e (Printed or typed)	
	724 West Montro		
		Address	· · · · · · · · · · · · · · · · · · ·
	Suite A-15, Clermor	nt FI 34711	
	City.	State & Zip	
	407-927	-8999	
	Daytime T	elephone number	
	jimp@bo	ossgi.com	

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

e name of the corporat			
<u> PRINC</u>	IPAL OFFICE Principal <u>street</u> address	Mailing a	ddress, if different is:
724 West Montrose S	treet		
	F134711		
PTICLE III PURPO e purpose for which the	SE AN de corporation is organized is:	Y AND ALL LAWFUL BUS	INESS
			20
			24 Fil
			2024 MOV 18
			ST CO
			(1)
		-	, = 4
TICLE IV SHARE of shares of s	tock is:		9:47 Fare
e number of shares of s	tock is: LOFFICERS AND/OR DIRECTORS	Namc and Title:	
e number of shares of s	tock is: LOFFICERS AND/OR DIRECTORS	Name and Title:	
e number of shares of s TICLE V INITIA Name and Title	LOFFICERS AND/OR DIRECTORS JAMES PARKER, President	Name and Title:	
e number of shares of s ETICLE V INITIA Name and Title Address	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address:	
e number of shares of s TICLE V INITIA Name and Title	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address:	
Name and Title:	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address:	
Name and Title:	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address: Name and Title: Address:	
Name and Title: Address	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address: Name and Title: Address:	
Name and Title: Address	JAMES PARKER, President 724 West Montrose Street, Suite A-15, Clermont Fl 34711	Name and Title: Address: Name and Title: Address: Name and Title:	

Name and	d Title:	Name and Title:	
Address		Address:	
	 .		
ARTICLE VI The name and Fl	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT accepta	ble) of the registered agent is:	
Name:	JAMES PARKER		
Address:	724 West Montrose Street		
	Suite A-15, Clermont Fl 34711		202
ARTICI F VII	INCORPORATOR		2024 NOV 18
	dress of the Incorporator is:		0V 18 11V0
Name:	JAMES PARKER		
Address:	724 West Montrose Street		AM 9:47
. vad. 555.	Suite A-15, Clermont FI 34711		E I
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIO)	NAL)
(If an effective d filing.)	ate is listed, the date must be specific and	cannot be more than five da	ys prior or 90 days after
Note: If the date	inserted in this block does not meet the appl	icable statutory filing requires	ments, this date will not be
the document's ef	ffective date on the Department of State's re-	cords.	
Having been nam	ed as registered agent to accept service of pro	ocess for the above stated corpo	oration at the place designa
certificate, I am fo	amiliar with and accept the appointment as re	•	et in this capacity 11/18/202
16F51E4CF	NUM-		Date
t on boots string to	ument and affirm that the facts stated herei		
– i suomui inis aoci			