

P95000009154

FILED  
SECRETARY OF STATE  
JAN 31 1995  
PM 8:27

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P. O. BOX 6327  
TALLAHASSEE, FL 32314  
JANUARY 19, 1995

800001384858  
-01/31/95--01101--010  
+++122.50 \*\*\*122.50

SUBJECT: MASON'S LAWN CARE, INC.

ENCLOSED PLEASE FIND AN ORIGINAL AND ONE(1) COPY OF THE ARTICLES  
OF INCORPORATION FOR THE ABOVE CORPORATION AND A CHECK IN THE  
AMOUNT OF \$122.50.

FROM: MASON'S LAWN CARE, INC.  
2060 PARROT STREET  
PORT ST LUCIE, FL 34952  
(407) 335-7670

SPC

ARTICLES OF INCORPORATION

OF

MASON'S LAWN CARE, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATIONS ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

MASON'S LAWN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS OF THIS CORPORATION SHALL BE:

2060 PARROT STREET  
PORT ST LUCIE, FL 34952

ARTICLE III CAPITAL STOCK

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

25,000 COMMON SHARES PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

DAVID MASON  
2060 PARROT STREET  
PORT ST LUCIE, FL 34952

FILED  
JAN 31 AM 8:27

ARTICLE V INCORPORATOR(S)

THE NAME(S) AND STREET ADDRESS(ES) OF THE INCORPORATOR(S) TO THESE  
ARTICLE OF INCORPORATION IS(ARE):

DAVID MASON  
2060 PARROT STREET  
PORT ST LUCIE, FL 34952

THE UNDERSIGNED HAS(HAVE) EXECUTED THESE ARTICLES OF INCORPORATION  
THIS 27TH DAY OF JAN, 1995.

A handwritten signature in cursive script, appearing to read "David Mason President".

SIGNATURE / TITLE

CERTIFICATE OF DESIGNATION

REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF  
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE  
REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS:

MASON'S LAWN CARE, INC.

2. THE NAME OF THE REGISTERED AGENT AND OFFICE IS:

DAVID MASON  
2060 PARROT STREET  
PORT ST LUCIE, FL 34952

SIGNATURE *David Mason*  
(CORPORATE OFFICER)

TITLE *President*

DATE *JAN 27/95*

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF  
PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN  
THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT  
AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE  
PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER-  
FORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGA-  
TIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE *David Mason*

DATE *JAN 27/95*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 JAN 31 AM 8:27

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra D. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000009154

1. Corporation Name

MASON'S LAWN CARE, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -2 PM 3:49

10/17

Principal Place of Business

2000 PARROT ST  
PORT ST LUCIE FL 34952

Mailing Address

2000 PARROT ST  
PORT ST LUCIE FL 34952



If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

2817 SE EAGLE DR  
Suite, Apt #, etc

3. New Mailing Office Address, If Applicable

2817 SE EAGLE DR  
Suite, Apt #, etc

4. Date Incorporated or Qualified  
To Do Business in Florida

01/31/1995

5. FCI Number

65-0559189

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	MASON, DAVID	2000 PARROT ST 2817 SE EAGLE ST	PORT ST LUCIE FL 34952 34984

400001981054--4

-10/21/96--01029--020

\*\*\*\*375.00 \*\*\*\*375.00

8. Name and Address of Current Registered Agent

MASON, DAVID  
2000 PARROT ST  
PORT ST LUCIE FL 34952

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2817 SE EAGLE DR

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

34984

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

David Mason

REGISTERED AGENT MUST SIGN

Date 9-26-96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath

SIGNATURE:

David Mason

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

9-26-96 561-3440-2562

CR20040 (7/96)