

P95000011373

TRANSMITTAL LETTER

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

000001400660
-02/08/95--01091--012
*****70.00 *****70.00

SUBJECT: Caribbean Lawn & Garden, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Julio E. Perez
Name (printed or typed)

3801 21st Avenue S.W.
Address

Naples, FL 33964
City, State & Zip

(813) 455-7278
Daytime Telephone number

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:59

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

ARTICLES OF INCORPORATION

95 FEB -8 AM 9:59

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Caribbean Lawn & Garden, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3801 21st Avenue S.W.
Naples, FL 33964

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 Shares, no par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Todd S. Mathurin
5017 Tamiami Trail E.
Naples, FL 33962

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Julio E. Perez
3801 21st Avenue S.W.
Naples, FL 33964

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

2nd day of February, 1995.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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: Caribbean Lawn & Garden, Inc.

2. The name and address of the registered agent and office is:

Todd S. Mathurin

(Name)

5017 Tamiami Trail E.

(P.O. Box ~~not~~ acceptable)

Naples, FL 33962

(City/State/Zip)

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 performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Todd S. Mathurin
(Signature)

2/2/95

(Date)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT -7 PM 3: 09

DOCUMENT # **P95000011373**

1 Corporation Name

CARIBBEAN LAWN & GARDEN, INC.

600001973606--3

-10/18/96--01023--016

***383.75 ***383.75

Principal Place of Business

Mailing Address

3801 21ST AVENUE S.W.
NAPLES FL 33964

3801 21ST AVENUE S.W.
NAPLES FL 33964

New Zip

Code: 34117

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/08/1995

5. FEI Number

65-0534914

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 Owner President	Julio E. Perez, Jr.	3801 21 Avenue SW	Naples FL 34117
V Owner Vice Pres.	Lori L. Perez	3801 21 Avenue SW	Naples FL 34117

8. Name and Address of Current Registered Agent

MATHURIN, TODD S
3801 21ST AVENUE S.W.
NAPLES FL 33964

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

34117

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

TODD S. MATHURIN

REGISTERED AGENT MUST SIGN

Date 9/30/96

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:

Lori L. Perez, Lori L. Perez V. Pres.

Date

Daytime Phone #

9/30/96 (941) 455-7278