

P9700011777

TRANSMITTAL LETTER

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

100002076011--1
-02/03/97--01054--013
*****70.00 *****70.00

SUBJECT: Black Orchid Landscaping, 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

Additional Copy Required

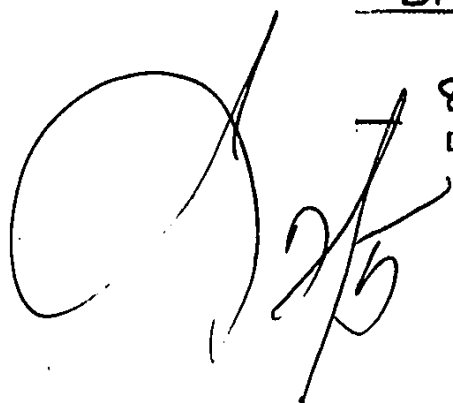
FROM:

Polly A. Beckley-Smith
Name (printed or typed)

1901 Country Club Rd N
Address

St. Petersburg, FL 33710
City, State & Zip

813-381-3165
Daytime Telephone number



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

97 FEB -3 PM 4:07

FILED

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

ARTICLES OF INCORPORATION

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:

Black Orchid Landscaping, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1901 Country Club Rd. N.
St. Petersburg, FL 33710

ARTICLE III SHARES

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

100 par value \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Polly A. Beckley-Smith
1901 Country Club Rd N
St. Petersburg, FL 33710

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

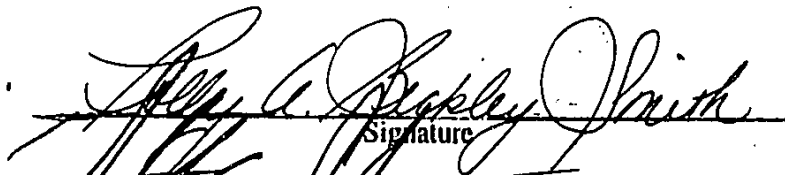
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

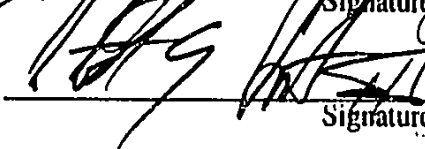
Robert G. Smith, III
Polly A Beckley-Smith
1901 Country Club Rd N
St. Petersburg, FL 33710

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

30 day of January, 19 97.

(An additional article must be added if an effective date is requested.)



Signature


Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
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: Black Orchid Landscaping, Inc.

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

Polly A. Beckley Smith
(NAME)

1901 Country Club Rd N
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

St. Petersburg, FL 33710
(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.

Polly A. Beckley Smith
(SIGNATURE)

1/30/97
(DATE)