## 7000555487

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

SUBJECT: Twin Palms Landscaping and Lawn Services, 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 **S78.75** 

Filing Fee

& Certificate

**□**\$122,50

Filing Fee & Certified Copy \$131.25

Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:

Gloria J. Lutz

Name (Printed or typed)

P. O. Box 456

Lynn Haven, Fla.

32444

City, State & Zip

(904) 784-6524

Daytime Telephone number

JUN 24 4, BSB

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

FILED

## ARTICLES OF INCORPORATION

97 JUN 23 PH 1:52

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

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ARTICLE I NAME

The name of the corporation shall be: Twin Palms Landscaping and Lawn Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2832 Gwendolen St.

P. O. Box 456

Panama City, Fla. 32402

Lynn Haven, Fla. 32444

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Gloria J. Lutz 2832 Gwendolen St.

Panama City, Fla. 32402

ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

Gloria J. Lutz P. O. Box 456

Lynn Haven, Fla.

32444

Signature Incorporator

Dota

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

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

Signature(Registered Agent)

Date