

P98000087881

Carlton Thomas

Requestor's Name

30450. Orange Blossom Trail

Address

ORLANDO 32805-407-649-1666

City/State/Zip

Phone #

Office Use Only

FILED
98 OCT 14 PM 12:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. A C LAWN SERVICES OF ORLANDO, FL, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☐ Pick up time _____

☒ Certified Copy

☐ Mail out

☒ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-10/14/98--01072--001
****542.50 *****78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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60
10/14

ARTICLES OF INCORPORATION

FOR

A. C. LAWN SERVICES OF ORLANDO, FL INC.

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ARTICLE ONE

THE NAME OF THE CORPORATION IS **A.C. LAWN SERVICES OF ORLANDO, FL INC.**

ARTICLE TWO

THE PERIOD ,TERM AND DURATION IS **PERPETUAL**

ARTICLE THREE

THIS BUSINESS, IF GRANTED CORPORATE STATUS WILL COMMENCE ITS BUSINESS AS A FULL SERVICE LAWN AND TREE TRIMMING SERVICE, WHEREIN, WE WILL PROVIDE LAWN SERVICES AND TREE TRIMMINGS OF ALL KIND. IF GRANTED CORPORATE STATUS, ALL OF THE COMPANY'S BUSINESS WILL BE DONE UNDER THE NAME OF **A.C. LAWN SERVICES OF ORLANDO, FL INC.**

ARTICLE FOUR

THE AGGREGATE NUMBER OF SHARES BY WHICH THE AUTHORITY TO ISSUE WILL BE 2,000 SHARES . EACH SHARE SHALL A PAR VALUE ON ONE DOLLAR EACH.

ARTICLE FIVE

THE CORPORATION WILL NOT COMMENCE ANY OF ITS BUSINESS UNTIL SUCH TIME AS IT HAS RECEIVED FOR THE ISSUANCE OF SHARES AN AMOUNT IN CONSIDERATION OF THE VALUE OF TWO THOUSAND DOLLARS.

ARTICLE SIX

THE STREET ADDRESS OF ITS INITIAL REGISTERED OFFICE IS 2005 SOUTH WESTMORELAND DR. ORLANDO, FL. ZIP CODE NUMBER 32805. THE NAME OF THE INITIAL REGISTERED AGENT IS ANGELO CONNER WHOSE ADDRESS IS 2005 SOUTH WESTMORELAND DR. ORLANDO, FL 32805. THE PRINCIPAL PLACE OF BUSINESS IS THE SAME AS THE REGISTERED OFFICE.

ARTICLE SEVEN

THE NUMBER OF DIRECTORS WHICH SHALL CONSTITUTE THE BOARD DIRECTORS IS ONE. THE NAME AND ADDRESS OF THE PERSON WHO WILL SERVE AS DIRECTOR IS AS FOLLOWS.

NAME	ADDRESS
ANGELO CONNER	2005 SOUTH WESTMORELAND DR. ORLANDO, FL 32802


ARTICLE EIGHT

THE BOARD OF DIRECTORS SHALL HAVE THE POWER AND THE RIGHT TO DEVELOP, SET, AND OR MODIFY ITS BY-LAWS WITHOUT RESTRICTIONS OF THEIR POWERS AS CONFERRED BY STATUE.

ARTICLE NINE

THE NAME AND ADDRESS OF THE INCORPORATOR IS :

CARLTON THOMAS
304 SOUTH O.B.T.
ORLANDO FL. 32805.


CARLTON THOMAS

THE DUTIES AND POWERS OF THE INCORPORATOR SHALL CEASE ONCE THE BUSINESS IS GRANTED FULL CORPORATE STATUS.

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CERTIFICATE OF DESTINATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANISED UNDER THE LAWS OF FLORIDA SUMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICER/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. THE NAME OF THE CORPORATION IS :

A.C. LAWN SERVICES OF ORLANDO, FL INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS :

ANGELO CONNER
(NAME)
2005 SOUTH WESTMORELAND DR.
(P.O. BOXES NOT ACCEPTABLE)
ORLANDO FL. 32805
(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNED IN THIS CERTIFICATE. I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND A AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PROFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY .

SIGNATURE

Angelo Conner

DATE

10-12-98