

P990000027858
TRANSMITTAL LETTER

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

SUBJECT: Cutting Edge Lawn Care of Tallahassee Inc.
(Proposed corporate name - must include suffix)

400002819754--5
-03/26/99--01057--001
*****78.75 *****78.75

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 of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

RECEIVED
99 MAR 26 AM 10:11
DIVISION OF CORPORATION

FROM:

Scotty Williams

Name (Printed or typed)

63 mason Dr.

Address

Havana, FL 32333

City, State & Zip

850-508-3207

Daytime Telephone number

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

ajc
3/26

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Cutting Edge Lawn Care of Tallahassee
Inc.

ARTICLE II PRINCIPAL OFFICE

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

63 mason dr. Havana, FL. 32333

ARTICLE III SHARES

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

ten-thousand, 10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Scotty Williams / 63 mason dr. Havana, FL 32333

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Scotty Williams
63 mason dr. Havana, FL 32333

Scotty Williams

Signature/Incorporator

3-26-99

Date

(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

Scotty Williams

Signature/Registered Agent

3-26-99

Date