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WILLIAM F. LEONARD RICHARD W. MORRISON C. GLENN LEONARD JAMES M. POWERS

JAMES M. POWERS

OF COUNSEL:

PLEASE REPLY TO:

POST OFFICE BOX 11025 FORT LAUDERDALE, FLORIDA 33339

WILLIAM ROBERT LEONARD

April 25, 2000

Division of Corporations Secretary of State P. O. Box 6327 409 E. Gaines Street Tallahassee, Florida 32301

Re: TRINITY LAWN CARE, INC.

100003232641---4 -05/01/00--01094--002 ****122.50 *****78.75

Gentlemen:

I enclose herewith the original and one copy of the Articles of Incorporation of Trinity Lawn Care, Inc., as well as a check in the amount of \$122.50, as and for the filing fee for said Articles and Registered Agent Designation.

Please return the certified copy of Articles of Incorporation to us as soon as is possible. Your quick service is greatly appreciated.

Sincerely,

C. GLENN LEONARD

CGL/cb

Enclosures/Articles/check

FILED

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SECRETARY OF STATE
TAIL ANASSEE, FI OUT-



ARTICLES OF INCORPORATION

<u>OF</u>

TRINITY LAWN CARE, INC.

ARTICLE I - NAME

The name of this corporation shall be TRINITY LAWN CARE, INC..

Article II - Nature of Business

This corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida, including specifically that permitted by Chapter 607, Florida Statutes.

ARTICLE III - Capital Stock

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is: 1000 shares of common stock having a nominal or par value of One Dollar and No/100 (\$1.00) per share.

ARTICLE IV - REGISTERED OFFICE AND REGISTERED AGENT

The name and address of the initial Registered Agent is:

Andrew Nowak, II 8790 N.W. 10th Street Pembroke Pines, FI 33024

ARTICLE V - DIRECTORS

The number of directors constituting the initial Board of Directors shall be one (1). The name and address of the person serving on the initial Board of Directors is as follows:

ANDREW NOWAK, II

8790 N.W. 10th Street

Pembroke Pines, Fl 33024

JODI ANN NOWAK

8790 N.W. 10th Street

Pembroke Pines, Fl 33024

ARTICLE VI - INCORPORATORS

The names and street address of the Incorporator of these Articles of Incorporation are:



ANDREW NOWAK, II

8790 N.W. 10th Street Pembroke Pines, Fl 33024

ARTICLE VII - PRINCIPAL OFFICE

The principal office and mailing address of the corporation is 8790 N.W. 10th Street, Pembroke Pines, Fl 33024..

The undersigned Incorporator has executed these Articles of Incorporation this <u>76</u> day of April 2000.

ANDREW NOWAK, II

STATE OF FLORIDA COUNTY OF BROWARD

I HEREBY CERTIFY that this day in the next above named State and County, before me, an officer duly authorized and acting, personally appeared, Andrew Nowak, II, who presented as identification and who executed the foregoing instrument, and acknowledged then and there before me that he executed said instrument for the purposes and reasons set out therein.

WITNESS my hand and official seal this 26 day of April 2000.

Notary Public

My Commission expires:

M. Benedetto

Notary Public, State of Florida

Commission No. CC 677278

M. Benedetto

Notary Public, State of Florida

Commission Exp. 09/12/2001

1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

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: Trinity Lawn Care, Inc. 8790 N.W. 10th Street, Pembroke Pines, Fl 33024.
- 2. The name and address of the registered agent is:

Andrew Nowak, II 8790 N.W. 10th Street Pembroke Pines, FI 33024 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

FILED # 8: 22
SECRETARY OF FLATER
TALLAHASSEE FLATER