P02000026178 The Accounting Office

5580 Park Boulevard Ste 5 Pinellas Park, Fl 33781 727 541-5070 Fax: 727 541-3611

February 27, 2002

30005033813--7 -03/04/02--01026--005 ******70.00 ******70.00

Florida Department of State Division of Corporations Tallahassee, Fl

RE: Athletic Turf Care Solutions, Inc

Dear Sir:

Please find two copies of the Articles of Incorporation and a check for the above mentioned business. We sent these articles to you in January and apparently the file was lost, either by the postal service or in your office. Assuming that you would be acting on the application in your normal timely fashion, the business has started to act as a corporation as of January. We would appreciate your allowing this corporation to have a starting date of January 1st, as requested in our original filing.

Thank you for your cooperation in this matter.

Sincerely,

Jøhn R. Schaub, EA Enrolled Agent

Enclosures (3)

OZ MAR -4 AM IO: 13
SECRETARY OF STATE

As an Enrolled Agent John R. Schaub is authorized to represent taxpayers at all administrative levels of the Internal Revenue Service.

943/11

OZ MAR -4 MM 10: 13
SECRETARY OF STATE
TALLAHASSEE, FLORIG

(Do not write in this space)

ARTICLES OF INCORPORATION FOR DOMESTIC PROFIT

Pursuant to the provisions of the Codes of Corporations for the State of FLORIDA, the undersigned as the duly authorized and acting, Chief Executive Officer, President, Secretary, Treasurer, Superintendent or Registered Agent in the State of FLORIDA, of the corporation named below for which this statement is submitted, under oath hereby state:

ARTICLE I

The name of the corporation shall be: ATHLETIC TURF CARE SOLUTIONS , Inc.

ARTICLE II

The name and street address of the Registered Agent is:

JOSEPH J MCGUIRE 134-52-2158 3425 VALLEY RANCH DR LUTZ FL 33548- (813) 960-5728

Name SS! Street City State ZipCode Telephone

The Registered Agent is appointed by: JOSEPH J MCGUIRE, PRESIDENT.

Name and Title of Officer of Corporation

ARTICLE III

The principle place of business of this corporation shall be: 3425 VALLEY RANCH DRIVE LUTZ 33548-FLStreet Apt # City State ZipCode The mailing address of this corporation shall be: P O BOX 340392 TAMPA ΕL 33694-Street Apt # City State ZipCode The County in which the principle place of business of this corporation is located in is: PINELLAS

ARTICLE IV

Indicate type of Corporation (CHECK ONE)		
X BUSINESS STOCK BUSINESS NONSTOCK	COOPERATIVE PUBLIC BENEFIT	PROFESSIONAL INSURANCE
BUSINESS STATUTORY CLOSE	MANAGEMENT	RELIGIOUS
	ARTICLE V	
The purpose for which this corpor TURF GRASS MAINTENANCE AND ANY OT	ration is organized shall FHE LEGAL PURPOSE.	be:
	- Augustin	the state of the s
		44
	ARTICLE VI	
The starting date of the corporat	ion shall be: 01/01/02	<u></u>
The Fiscal year of the corporation	m ahall 1	
The Fiscal year of the corporatio	n shall end on the last do	ay of the month of December
	ARTICLE VII	·
Is the corporation to exist perpertax Closing Date if known:	tually?X Yes No	ser in the service of
	ARTICLE VIII	-
The aggregated number of shares when the corporation will not commence least One Thousand Dollars (\$1,000 been actually recieved for the issue	business until considerat 0.00) consisting of monev.	ion of the wall of the
The names of all shareholders, and	i the # of shares of start	that this area
authorized to have outstanding at	any one time is:	chac chis corporation is
PAR V		OF SHARES CONSIDERATION TO BE
NAME CLASS PER S		TO BE ISSUED RECEIVED THEREFOR
	.00	80 800
ELWOOD S JONES III COMMON 1	.00 <u>.70</u> 00	20 2000

	plicable to a	any class of stock or		ions, limitations, or ant of authority to be
NONE		·		
*				
	<u> </u>		·····	
acquire addition		denying to sharehold the Corporation.(If	_	_
NONE				
				· · · · · · · · · · · · · · · · · · ·
Meeting of the sof FLORIDA	shareholders 	X shall shall not	be held outsid	e the state
		ARTICLE I	×	
The number of Dicorporation is		Officers constituting	the initial Bo	ard of Directors of the
The names and stood of the Corporat:		es of the members of	the Board of D	irectors, or Officers
NAME	TITLE	NUMBER AND STREET	CITY	STATE ZIPCODE
JOSEPH J MCGUIRE	PRESIDENT	3425 VALLEY RANCH DR	LUTZ	FL 33548-
ELWOOD S JONES III	SEC./TREAS.	2870 SWAN CIRCLE	DUNIDEN	FL 34698-

The Board of Directors or Officers of the Corporation is authorized to increase or decrease the number of Directors or Officers. If so authorized the minimum number, if any, shall be 2 Directors or Officers, and the maximum number, if any, shall be 5 Directors or Officers.

The initial Board of Directors shall serve as Directors until the First Annual Meeting of the Shareholders or until their successors are duly elected and qualified as provided in the By-Laws.

34698-

All powers and authority of the corporation shall be vested in and may be exercised by the Board of Directors except as otherwise provided by law, these Articles of Incorporation, or the By-Laws of the Corporation.

ARTICLE X

The name, social	l security	number and sta	reet addre	seese of t	ho in manuscrib		•
Articles of Inc	or p oration	are.	_	ases of C	me incorporate	or(s) to the	iese
NAME	SS #	NUMBER AND STREE	ά	CITY	000 mp		
JOSEPH J MCGUIRE	134-52-2158	3425 VALLEY RANC		LUTZ	_STATE ZIE		<u></u>
ELWOOD S JONES III		2870 SWAN CIRCLE	 -			48-	
		20.0 BIAN CIRCLE	- <u>*</u>	DUNEDIN	, <u></u> FL ,	<u> </u>	<u> </u>
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The name and add	NUMBER AND	abbeen A rorerdu or s					
NONE	NOTEDIK AND E	- 1 <u>9</u>	CITY	STATI	E ZIPCODE		<u> </u>
	ions for t				<u> </u>	<u> </u>	<u> </u>
State the provis	DEDG LOT C	ne regulation	of the in	ternal af	fairs of the o	corporation	1 -
DI THE SHAREHOL	DERS 3	No. 1	<u>: • </u>		· 1986	<u> </u>	- <u> </u>
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<u> </u>		<u> </u>					<u> </u>
		<u> </u>		ر د در سو د حال ا			3 JF
			ARTICLE X	I		•	
m²	_						
The value of ass	ets of the	corporation a	re as fol:	Lows: \$1,0	00.00		
The liabilities	thereof are	\$1,000.00. T	he assets	and liabi	ilities indica	ted are as	
or a date within	six months	prior to fil:	ing these	Articles	of Incorporat	ion.	
The maximum amou	nt of capit	al such corpo	ration in	tends to i	nvest in the	state at a	ny
time during the	current Fis	cal Year is \$	1,000.00				
The distribution	of assets	on Dissolution	n or Final	l Liquidat	ion will be a	s follows:	
BASED ON AGREEM	ENT OF ALL	SHAREHOLDERS.			<u></u>		*
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	STAT	ement of stani	DARD INDUS	TRIAL COD	E (SIC)		
The Standard Indi	ıstrial Cod	e(s)(SIC) whic	ch most cl	osely des	cribe the ini	tial activi	ities
or the corporation	on are:						
PRIMARY <u>99999</u>	SECOND	ARY <u>99999</u>	OTHER	99999			معدد أبر
					_		

The undersigned incorporator(s this day of	s) has(have) executed these Articles of Incorporation out
Name Name	President Title Sec/Treas. Title
Name	Title
(CORPORATE SEAL)	-
witnesses in each other's presence. WITNESS: State of FLORIDA County of HILLSBOROUGH Before me, a notary public in and of Incorporation and duly acknowledged who witnessed to	WITNESS: WITNESS: WITNESS: We known to me to be the same persons who executed the foregoing Articles it the execution of the same, as well as
A.D. 2002.	name and affixed my official seal, this 4th day of January,
(notary seal)	Notary Public Maryann E. Schaub Name: Commission #CC 918160 Commission No.: Expires April 19, 2004 My Commission Expires Atlantic Bonding Co., Inc.
This Document was prepared By:	THE ACCOUNTING OFFICE
	Name 5580 Park Blvd. #5, Pinellas Park, FL 33781
	Address City State ZinCode

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

FILE D ECRETARY OF ST ELLAHASSEE, FL

PURSUANT TO THE PROVISIONS OF THE STATUTES FOR THE STATE OF FLORIDA, THE SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

 The name of the corporation is: AT 	HLETIC TURF CARE SOLUTIONS , Inc.
·	
The name and address of the regist	ered agent and office is:
JOSEPH J MCGUIRE	
3425 VALLEY RANCH DR	-
LUTZ, FL 33548-	
stated corporation at the place designa appointment as registered agent and agr comply with the provisions of all statu	nd to accept service of process for the above ted in this certificate. I hereby accept the ee to act in this capacity. I further agree to tes relating to the proper and complete liar with and accept the obligations of my
Signature & M. Sevin	1/9/02 Date
State of FLORIDA)	
County of PINELLAS)	
Before me, a notary public in and for sai	
	ecuted the Certificate of Designation of Registered
Agent/Registered Office are duly acknowledged the subscribed my name and affixed my official seal,	execution of the same. In witness whereof, I have hereunto this 9th day of Junuary, A.D. 2002.
(notary seal)	Notary Public Name: Commission No.: Maryann E. Schaub Commission # CC 918160
	My Commission Expires (1975)