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Florida Department of State
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To:
Division of Corporations
Fax Number : (850) 205-0381

From:
Account Name : YOUR CAPITAL CONNECTION, INC.
Account Number : 120000000257
Phone : (850) 224-8870
Fax Number : (850) 224-7047

FLORIDA PROFIT CORPORATION OR P.A.

SOUTHPOINTE JACKSONVILLE, INC.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

SOUTHPOINTE Jacksonville, Inc.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

**3525 SMITHFIELD ST.
JACKSONVILLE, FLA. 32217**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN SERVICE AND IRRIGATION

ARTICLE IV SHARES

The number of shares of stock is:

TEN(10).

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

**TOM ROWAND, JR. PRESIDENT
3525 SMITHFIELD ST.
JACKSONVILLE FLORIDA 32217**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

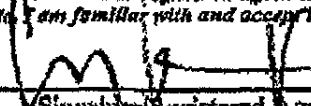
**CLYDE A. COLLINS, JR.
233 E. 8th ST. #910 JACKSONVILLE, Florida**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**TOM ROWAND, JR.
PO BOX 23065
JACKSONVILLE FLA 32241**

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

6/19/03

Date

Tom Rowand, Jr.

Signature/Incorporator

6/19/03

Date

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