

P00000 11/31/85

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FILED  
00 DEC -4 PM 2:40  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

ASTRO LAWN SERVICES OF FL, INC

SUBJECT:

(Proposed corporate name - must include suffix)

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

FROM:

DIAN M EDWARDS

Name (Printed or typed)

1842 40TH TERR SW

Address

NAPLES, FL 34116

City, State & Zip

941-455-3047

Daytime Telephone number

500003484595--3  
-12/04/00--01078--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

12-11  
KC

## 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:

ASTRO LAWN SERVICES OF FL, INC

### ARTICLE II PRINCIPAL OFFICE

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

1560 GOLDEN GATE BLVD  
NAPLES, FL 34120

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: ONE HUNDRED SHARES (100)

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIAN M EDWARDS  
1842 40TH TERR SW  
NAPLES, FL 34116

### ARTICLE V INCORPORATOR

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

JOSE M AVILES  
1560 GOLDEN GATE BLVD  
NAPLES, FL 34120

  
Signature/Incorporator

  
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.

  
Signature/Registered Agent

  
Date

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TALLAHASSEE, FLORIDA