

TRANSMITTAL LETTER

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

*P/100001745*

SUBJECT: *BUSTIN'S CUSTOM HERBICIDING, INC*  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800003518569--4  
-01/02/01--01081--012  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>			

FROM: *DONALD W BUSTIN*  
Name (Printed or typed)

*1719 SW WILDCAT TRAIL*  
Address

*STUART, FL 34994*  
City, State & Zip

*561 287-7884*  
Daytime Telephone number

01 JAN -2 AM 9:57  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*[Signature]*  
*1/5*

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

**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:

BUSTIN'S Custom Herbiciding, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1719 SW WILDCAT TRAIL  
STUART, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO OPERATE AND MANAGE A Herbicide Business

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

DONALD W. BUSTIN  
1719 SW WILDCAT TRAIL  
STUART, FL 34994

ARTICLE VI REGISTERED AGENT

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

DONALD W. BUSTIN  
1719 SW WILDCAT TRAIL  
STUART, FL 34994  
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

DONALD W. BUSTIN  
1719 SW WILDCAT TRAIL  
STUART, FL 34994

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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

Donald Bustin  
Signature/Registered Agent

12-29-00  
Date

Donald Bustin  
Signature/Incorporator

12-29-00  
Date

FILED  
01 JAN -2 AM 9:57  
SECRETARY OF STATE  
TALLHASSEE FLORIDA