## POLOGO 1243

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

300003623408--8 -02/01/01--01102--010 \*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$131.25 \$70.00 \$122.50 \$78.75 Filing Fee, Filing Fee Filing Fee Filing Fee & Certified Copy Certified Copy & Certificate & Certificate ADDITIONAL COPY REQUIRED KICHARD Name (Printed or typed) City, State & Zip

> 954- 474-9000 Daytime Telephone number

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

6 2/2

## ARTICLES OF INCORPORATION

The undersigned incorporato	r, for the purpose of forming	a corporation under the Florida
Business Corporation Act, he	reby adopts the following Ar	ticles of Incorporation.

ARTICLE I NAME	<u> </u>	
The name of the corporation shall be:	FAUST LAWN & GARDEN SERVICE, I	NC.
	THOSE LIWIN 9 9 MEDICAL CONTROL	
ARTICLE II PRINCIPAL OF		
The principal place of business and mai	iling address of this corporation shall be:	
	12820 SW 9th PL 題母工	
	DAVIE, FL 33325	
ARTICLE III SHARES		
The number of shares of stock that this	corporation is authorized to have outstanding at any one-time is	
	100 SHRS	
	P'	
	STERED AGENT AND STREET ADDRESS	
The name and Florida street address of t	the initial registered agent are:  RICHARD C. FAUST	
	12820 SW 94 PL	
ARTICLE V INCORPORATO	DAVIE, FL 33325	
	ator to these Articles of Incorporation are:	
	RICHARD C. FAUST	
	12820 SW 9th PL	
	DAVIE FL 33325	
	1/00/400/	
Signature/Incorporator	<u> </u>	
organii (Amor por aidi	) Daje	

(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