TRANSMITTAL LETTER

P0100043546

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

600004011206--6 -04/16/01--01082--019 ******78.75 ******78.75

Tallallassee, TE 32314		
SUBJECT: ALCARE TNC (PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)
Enclosed is an original and one(1) copy of the article	es of incorporation and a	check for:
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM: Jasper D. Den	mpse y	
4005 W. Wyor	ning Ave.	01 APR SECRETA TALLAHA
Tampa, Flori	da 33616 State & Zip	ARY OF S

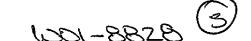
NOTE: Please provide the original and one copy of the articles.

No 201

(813) 839-6828

Daytime Telephone number

G. BULLOCK MAY - 1 2001





FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 18, 2001

JASPER D DEMPSEY 4005 W WYOMING AVE TAMPA, FL 33616

SUBJECT: ALLCARE INC. Ref. Number: W01000008828

We have received your document for ALLCARE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document must state the number of shares of authorized stock.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Gina Bullock Document Specialist New Filing Section

Letter Number: 901A00022991

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: A [Care Tee Service
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: Aug. To a DO E1 33(all)
4005 W. Wyoming Ave. Tampa, Fl. 33616
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Lawn maintenance + Professional Tree Service
Lawn maintenance + Professional Tree Del Vice
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:
Jasper D. Dempsey
4005 W. Wyoming Avl. Tampa, F1.33616 ARTICLE VII INCORPORATOR The name and address of the Incorporator is:
Josper Dempsey
6419 Adelia Ave 33616
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 Date
Signature/Incorporator Date 4-23-200