TRANSMITTAL LETTER Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 □ \$70.00 **2** \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, Certified Copy & Certificate of Status & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

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Address -05/02/01--01002--007
******78.75 ******78.75

Tallahassee Fl. 32303 City, State & Zip

850 - 566 - 4995

Daytime Telephone number

FROM:

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

(1) (1)

TICLES OF INCORPORATION Sompliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I The name of the corporation shall be: Green Expectations Incorporated ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 4021 Chipola St. Tallahassee, Fl. 32303 ARTICLE <u>III PURPOSE</u> The purpose for which the corporation is organized is: handscape Services ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS (DIRECTORS (optional) The name(s) and address(es): Christine Thornton President James Thornton-Operations Manager REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: James Thornton D890 Industrial Plaza Tallahassee, Fl. 32301 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Christine Thornton 4001 chipola of. Tallahessee, Fl. 32303 **************************** Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Signature/Registered Agent

Date

Date

Signature/Incorporator

Date

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity