Poloto 44233

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

SUBJECT: _E	ARTHCARIZ IM PRO (Proposed corpor	VE MENTS 2	
Fuctored is an origina	al and one(1) copy of the articles	'	0000-4100907
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 Filing Fee & Certified Copy ADDITIONAL CO	☐ \$131.25 Filing Fee, Certified Copy & Certificate
FROM: Southwest Professional Services of South Florida, Inc. Name (Printed or typed)			
	Fort Myers, Fl. 3391	ddress :	FILED OI APR 30 PM 3: 5 SECRETARY OF STALLAHASSEF FILOS

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

Daytime Telephone number

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.

NAME ARTICLE I

The name of the corporation shall be:

EARTHCARE IMPROVEMENTS, INC

ARTICLE II PRINCIPAL OFFICE

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

17120 LEE RD FORT MYERS PL 33912

SHARES ARTICLE III___

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH FLORIDA, INC. 13571 MCGREGOR BLVD. #22

FORT MYERS FL 33919

INCORPORATOR ARTICLE V

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

WILLIAM C KRAMER 17120 LEE RA

Signature/Incorporator

(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 essional Services of South Florida, Ang

. - PRes Signature/Registered Agent

Mitchell Stovring