Division of Corporations Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)205-0381

From:

: FAS-T CORP. AGENTS, INC. Account Name

Account Number : 071001002335 Phone

: (305)599-0839 : (305)716-0346 Fax Number

FLORIDA PROFIT CORPORATION OR P.A.

ALBRIGHT'S LAWN AND LANDSCAPING, INC.

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ARTICLES OF INCORPORATION

OF

Albright's Lawn And Landscaping For

ARTICLE I NAME

Albright's Lawn And Land Scaping Inc

ARTICLE II PRINCIPAL OFFICE

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

25 First Ct SW Vero Brach FL 32962

ARTICLE III CAPITAL STOCK

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

500

PREPARED BY: TRIPLE CHECK INCOME TAX SERVICE 2506 DELAWARE AVE FORT PIERCE FLORIDA 34947 O1 MAY 23 AM IO: 05
SECRETARY OF STATE

	vid Albright	registered s	igent :
	First CF SW		, ————————————————————————————————————
	ro Beach , FL	32962-	
		. •	
	ARTICLE V INCOR	PORATOR	۰
The name and	street address of	the incorporator t	o the
rticles of Inc	orporation is:		
1	David Albrigh	+	
2	5 First C+US	Sh	<u> </u>
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ero Beach IL	32962	1.:
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The undersigne	ed has executed the	se Articles of	*
•	ed has executed the		: }
•	_	in 3001.	* * * *

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation is:

Albright's Lawn And Land Scaping, Inc
2. The name and address of the registered agent and
David Albright
25 Fust C+ SW
Very Beach, FL 32962
Signature: Anid Olought
Title: President
Date: 5 15 01
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 PLACE DESIGNATED IN THIS DESIGNATION ACCEPT THE
APPOINTMENT AS REGISTERED ACTION OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE
PERFORMANCE OF MY DUTIES, AND POSITION AS REGISTERED AGENT.

Signature: David Goldingth

O1 MAY 23 AM IO: 05
SECRLIARY OF STATE
TALLAHASSI F. FLORIDA