

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

SUBJECT:GARY VOTAVA LAWN CARE, INC (Proposed corporate name - must include suffix)	**************************************
Enclosed is an original and one (1) copy of the articles of incorporati	on and a check for:
X 78.75 Filing Fee & Certificate	
FROM: <u>BONAFIDE CONSULTING, INC.</u> Name (printed or typed)	<b></b>
788 SUNSET DR_ Address	OI JU SECR TALLA
MELBOURNE, FL. 32935 City, State & Zip	FILED  OI JUN 14 AN 10: 27  SECRETARY OF STATE ALLAHASSEE, FLORID
(321) 253-8297	27 NTE NDA

Daytime Telephone Number

96/18

### 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.

## **ARTICLE I NAME**

The name of the corporation shall be: GARY VOTAVA LAWN CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shalf be 1616 VERNON DICKS DR
MELBOURNE, FL. 32935

## ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 7500 SHARES

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: GARY VOTAVA
1616 VERNON DICKS DR
MELBOURNE, FL. 32935

#### ARTICLE V INCORPORATOR

The <u>name and address</u> of the incorporator of these Articles of Incorporation are: GARY VOTAVA

1616 VERNON DICKS DR MELBOURNE, FL. 32935

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.

Signature/Registered Agent

<u>(6 - 7 ) - 0 /</u> Date