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TRANSMITTAL LETTER

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

000004506840---C -07/30/01--01078--019 *****78.75 *****78.75

	STAR'S ASTRO LAWN SERVICE, INC		
SUBJECT:			t is a
	(Proposed corporate name - must include suffix)		
Enclosed is an	original and one (1) copy of the articles of incorporation and	a check for:	
\$70.00	Filing Fee X_\$78.75 Filing Fee & Certificate		.
FROM:	DIAN M EDWARDS	2001 SE TAI	· -
	Name (Printed or typed)	EG 5	Ω
	1842 40TH TERR SW	JL 30 AHASSE	
	Address	TO B	
	NAPLES, FL 34116	1: 09 STATE LORIDA	
	City, State & Zip		- • • •
	941-455-3047		
	Daytime Telephone number	and the second s	- * · · · ·

J 8/2/01

ARTICLES OF INCORPORATION

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation

*Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

STAR'S ASTRO LAWN SERVICE, INC.

ARTICLE II PRINCIPAL OFFICE

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

PO BOX 990204, NAPLES, FL 34116

ARTICLE III SHARES

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

ONE HUNDRED SHARES (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DIAN M EDWARDS 1842 40TH TERR SW NAPLES, FL 34116

ARTICLE V INCORPORATOR

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

JULIO AVILES PO BOX 990204 NAPLES, FL 34116

Signature/Incorporator

Date

(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

Date