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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0381

From:

Account Name : AL CLARK  
Account Number : 072100000173  
Phone : (727) 398-6011  
Fax Number : (727) 397-5189

FLORIDA PROFIT CORPORATION OR P.A.

T. SMITH LAWN CARE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607/617.0501 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

**T. SMITH LAWN CARE, INC.****ARTICLE II PRINCIPAL OFFICE**The principal place of business/mailling address is:  
**2150 BASKIN AVENUE  
LARGO, FL. 33778****ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**FOR PROFIT****ARTICLE IV SHARES**The number of shares of stock is:  
**1000****ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)**The name(s) and address(es):  
**ANTONIO SMITH (D, PRES.)  
2626 21<sup>ST</sup> AVENUE S.W.  
LARGO, FL. 33774****ARTICLE VI REGISTERED AGENT**The name and Florida address of the registered agent is:  
**ACCOUNTING & TAX HELP, INC.  
8668 PARK BLVD.  
SUITE A  
SEMINOLE, FL. 33777****ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:  
**ANTONIO SMITH  
2626 21<sup>ST</sup> AVENUE S.W.  
LARGO, FL. 33774**

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

Al Clark

Signature/Registered agent

08-10-01

Date

X Antonio Smith

Signature/Incorporator

08-10-01

Date

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