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ARTICLES OF INCORPORATION FOR LAWN MEDICS, INC.

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles Of Incorporation:

Article 1. The name of the corporation shall be:

LAWN MEDICS, INC.

Article 2. The principal place of business and mailing address of this corporation shall be:

4812 Budd Farms Lane Plant City, Florida 33567

Article 3. The aggregate number of shares of stock that this corporation is authorized to issue and have outstanding at one time is:

Ten Thousand (10,000) shares, all of which shall be common shares with a par value of \$1.00.

Article 4. The name and address of the initial registered agent is:

Daniel M. Coton, Esquire Trinkle, Redman, Swanson, Byrd & Coton, P.A. 121 N. Collins Street Plant City, FL 33566

Article 5. The names and street addresses of the incorporators to these Articles of Incorporation are:

Brett Vaughan 4812 Budd Farms Lane Sean Ray

Doug Watson

4812 Budd Farms Lane Plant City, FL 33567 919 Loganderry, Apt. 202 Plant City, FL 33566 5710 Turkey Tree Lane Plant City, FL 33567

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The undersigned have executed these Articles of Incorporation this $\frac{31^{st}}{10^{st}}$ day of

RRETT VALIGHAN

SEAN RAY

DOUG WATSON

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501 or 617.0501, 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;

1. The name of the corporation is:

LAWN MEDICS, INC.

2. The name and address of the registered agent and office are:

Daniel M. Coton, Esquire Trinkle, Redman, Swanson, Byrd & Coton, P.A. 121 N. Collins Street Plant City, Florida 33566

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.

DANIEL M. COTON, ESQUIRE

Dated:

OLAUGIS PM 3: 00
SECRELARY OF STATE