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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 20 PM 4:26

TRANSMITTAL LETTER

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

SUBJECT: BAY AREA LAND CARE Inc
(Proposed corporate name - must include suffix)

500005895695--9
-06/21/02--01005--009
*****78.75 *****78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Robert Lyons
Name (Printed or typed)

2901 W. Busch Blvd Suite 1005
Address

Tampa, Fla 33618
City, State & Zip

1-813-230-4208
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

2-DAW
6-20-02

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.

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ARTICLE 1 NAME

The name of the corporation shall be:
Bay Area Land Care, Inc.

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
5841 Sussex Dr
Tampa, FL 33615

ARTICLE 111 SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
50 Shares of common stock @ \$ 10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address:
Robert Lyons
2901 W. Busch Blvd
Suite #1005
Tampa, FL 33618

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of incorporation are:
Darren Nuznoff
5841 Sussex Dr.
Tampa, FL 33615


Signature/Incorporator

6-14-02
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 status 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

6-14-02
Date