

**Pod 000084162**

TRANSMITTAL LETTER

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

SUBJECT: YARDMAN LAWN CARE INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100006874901--8  
-08/02/02--01040--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Thomas J. Pitts  
Name (Printed or typed)

1618 New Hampshire Ave  
Address

CYNN HAVEN, FL 32444  
City, State & Zip

950-258-3228  
Daytime Telephone number

FILED  
02 AUG -2 AM 11:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

g.8/s

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

YARDMAN LAWN CARE INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1618 New Hampshire Ave  
LYNN HAVEN, FL. 32444

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWN CARE

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Scott West - Vice President  
610 E. Pine Forest Dr.  
LYNN HAVEN, FL 32444

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

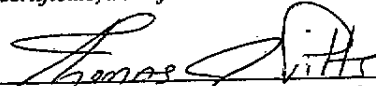
Thomas J. Pitts  
1618 New Hampshire Ave  
LYNN HAVEN, FL 32444

## ARTICLE VII INCORPORATOR

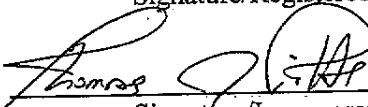
The name and address of the Incorporator is:

Thomas J. Pitts  
1618 New Hampshire Ave  
LYNN HAVEN, FL 32444

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

7/17/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

7/17/02  
\_\_\_\_\_  
Date

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA