0200112 0 N O Address N ZIP City 100008470501 -10/21/02--01008--008 *****78.75 *****78.75 **CORPORATION(S) NAME DIII** Toll Free: 1-800-432-3028 Profit () Merger () Amendment) NonProfit) Mark () Dissolution) Foreign Ģ () Other) Annual Report) Limited Partnership () Change of Registered Agent) Reservation) Reinstatement () Certificate Under Seal () Photo Copies Gertified Copy () Call If Problem () After 4:30), Call When Ready () Mail Out () Will Wait) Walk in Name Availability OCT 24 . Document Examiner F. OF ESSES Updater Verifier Acknowledgment

CR2E031 (R8-85)

W.P. Verifier

ARTICLES OF INCORPORATION

of The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida. ARTICLE I - CORPORATE NAME The name of the corporation is: ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida. ARTICLE IV- CAPITAL STOCK The corporation is authorized to issue $\frac{1000}{1000}$ _shares (\, 600) of Dollar(s) (\$ 50.00) par value Common Stock, which shall be designated "Common Shares". ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is: NAME **ADDRESS** CITY Lauderdak **FLORIDA** The principal office, if known, or the mailing address of the corporation is: NAME ADDRESS FLORIDA

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(directors initially. The number	or of directors may be either
increased or diminished from time to time by the By of the initial director(s) of the corporation are as follows:	-Laws, out shall never be loss than one	(1). The names and addresses
NAME Luis Ochoz		
ADDRESS 9511 NW 10th Street	<u>-</u>	
CITY Pembroke Pines	STATE FL	ZIP 3302.4
NAME Carlos Ochoa		
ADDRESS 5135 E. 4th Ave.		
CITY Haleah	STATE PL	712.3×13
NAME		
ADDRESS		
CITY	STATE	ZIP
		ZIF
		. •
	VII - INCORPORATORS	
The names and addresses of the incorporators signing	these Articles of Incorporation are as t	follows:
NAME Luis Ochoce		
ADDRESS 9511 NW 10th Sheet		
CITY Pambroke Pines	STATE FL	ZIP33024
NAME Carks Othor		
ADDRESS 5135 E. 4th Ac		
city Habah	STATE FC	zr3301 3 _
NAME		
ADDRESS		
CITY	STATE	ZIP
•	***	
IN WITNESS WHEREOF, the undersigned subscriber	Val house auseum I at	144
day of October 200	(s) have executed these Articles of Inco	proration this
		UIS OCHOR (Seal)
		Carlos H. Olus Scal)
	- CONTRACT	CANOSIM, UCHO (Scal)
		(Scal)

CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

Brothers Aquatic Vecetation Control Inc.	
Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation at 200 SE 9th Sheet, ## Lauderdale #1 3331 6	SECRETARY OF STATE TALLAHASSET, FLORIDA
has named	

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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