# P03000021119

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
MARIO	



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# TRANSMITTAL LETTER

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

SUBJECT:Cui	tting Edge Lawn Care, Inc.		
· <del></del>	(PROPOSED CORPORA	TE NAME – MUSICINGA	UDESUGRX)
Tuologad and on ania	inal and an (1) as a still a su	.t.1	4
Enclosed are all ong	ginal and one (1) copy of the art	ncies of incorporation and	а а спеск тог:
<b>☑</b> \$70.00	☐ \$78.75	□ \$78.75	\$87.50
Filing Fee	·	Filing Fee	Filing Fee,
<b>3</b>	& Certificate of Status	& Certified Copy	Certified Copy
		1	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Dean J Ahlers		<del></del>
1 KOWI	Name	(Printed or typed)	
	ATTEN NO. 1 . 1 . 1 . 1 . 1		
	1750 N. Lakeside Ct		
		Address	
	Venice, Fl 34293		
-	City	, State & Zip	
	941 492-6441 or 941 2	32 6992	
	Daytime	Telephone number	

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



# FLORIDA DEPARTMENT OF STATE Ken Detzner Secretary of State

February 5, 2003

DEAN J AHLERS 1750 N. LAKESIDE CT. VENICE, FL 34293

SUBJECT: CUTTING EDGE LAWN CARE, INC.

Ref. Number: W03000003371

We have received your document for CUTTING EDGE LAWN CARE, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

# Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is P95000039605.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Corporate Specialist New Filings Section

Letter Number: 003A00007692

Cutting Edge Lawn Care Dean J. Ahlers 1750 N. Lakeside Ct. Venice, Fl 34293

February 17, 2003

Lori Poole Corporate Specialist Florida Dept. of State Division of Corporations PO Box 6327 Tallahassee, Fl 32314

Dear Ms. Poole,

We received your letter and are resubmitting our articles of incorporation with the name change to Dean's Cutting Edge Lawn Care.

I have included the bylaws with the correct name change.

If there is any additional information you need please contact us at 941 492-6441 anytime.

Thank you for your time.

Sincerely,

Susan Ahlers

#### 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:

Dean's Cutting Edge Lawn Care, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1750 N Lakeside Ct Venice, Fl 34293

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to engage in any lawful act or activity for which corporations may be organized under the business corporation law.

### ARTICLE IV SHARES

The number of shares of stock is:

2

# ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Dean J. Ahlers-President, 1750 N Lakeside Ct., Venice, FI 34293 Susan Ahlers-Secty-Treasurer, 1750 N Lakeside Ct., Venice, FI 34293

#### ARTICLE VI REGISTERED AGENT

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

Susan Ahlers 1750 N Lakeside Ct Venice, Fl 34293

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dean J. Ahlers 1750N Lakeside Ct Venice, FL 34293

03 FEB 20 AM IO: 50
SECRETAIN OF STATE