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TRANSMITTAL LETTER

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

SUBJECT: GROWING PAINS LAWN CARE INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM:

SALVATORE J MANGRAVITE

Name (Printed or typed)

169 S.E. 22 ND St.

Address

CAPE CORAL, Fl. 33490

City, State & Zip

(239) 458 - 8023

Davtime Telephone number

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

ART	ICLES	OF	IN	CC	RPO	RATIO	N
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The name of the corporation shall be: GROWING PAINS LAWN CARE INC. In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

169 - S.E. 22 ND St. ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:

CAPE - CORAL , FL. 33990

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: LAWN CARE AND Shrubbery (and possible Puture Franchise) main taince

ARTICLE IV SHARES -10

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: SALVATORE J. MANGRAVITE

167 - S.E. 22 NO St. CAPE CORAL, FL. 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SALVATORE J. MANGRAVITE 169. - S. E. 22 No St. CAPE CORAL, FL. 33990

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

3-19-03