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SECRITARY OF STATE TALLAHASSEE FLORINA

(J) (U, D)

TRANSMITTAL LETTER

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

SUBJECT: BRIN	IA'S LAWN CARE INC		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	• •	Filing Fee	Filing Fee,
ı mışı oc	& Certificate of Status	& Certified Copy	Certified Copy
	or continued of Santas	oo commoo copy	& Certificate of
			Status
		ADDITIONAL CO	
			
FROM: L	ORELEI S. FORREST		
	Name	e (Printed or typed)	
	P.O. BOX 50948		
		Address	·
	TA OLOONIUU E DEA OLI	F1 00040	
	JACKSONVILLE BEACH		
	City	, State & Zip	
	904-626-9852		
	Daytime '	Telephone number	· ·

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

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:

BRINA'S LAWN CARE INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. BOX 50948

JACKSONVILLE BEACH FL 32240

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO MAKE LAWN CARE & MAINTENANCE SERVICE BUSINESS AS A CORPORATION IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

LORELEI S. FORREST P.O. BOX 50948 JACKSONVILLE BEACH, FL 32240

ARTICLE VI REGISTERED AGENT

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

LORELEI S. FORREST 730 3RD AVENUE SOUTH JACKSONVILLE BEACH, FL 32250

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

LORELEI S. FORREST P.O. BOX 50948 JACKSONVILLE BEACH FL 32240

Melin Janes	07/07/03
Signature/Registered Agent	Date
Touland Tonest	07/07/03
Signature/Incorporator	Date

SECRETARY OF STATE