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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

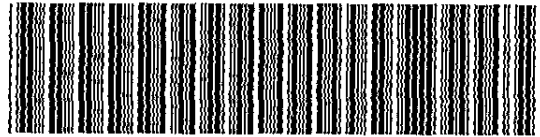
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: L.E.D.T.R.A. Lawn Care Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: Edmund T. Ault
Name (Printed or typed)

1340 Anderson St.
Address

Clermont, Fla. 34711
City, State & Zip

352-394-2900
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: **LED.T.R.A. Lawn Care Incorporated**

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **1340 Anderson St.
Clermont, Fla. 34711**

ARTICLE III Purpose

The perpose for which the corporation is organized is: **Libility and taxes associated with a business.**

ARTICLE IV SHARES

The number of shares of stock is: **1,000**

ARTICLE V INTAL OFFICERS AND/OR DIRECTORS

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

**President: Edmund T. Ault
1340 Anderson St.
Clermont, Fla. 34711**

**Secretary: Lisa R. Ault
1340 Anderson St.
Clermont, Fla. 34711**

ARTICLE VI REGISTERED AGENT

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

**Edmund T. Ault
1340 Anderson St.
Clermont, Fla. 34711**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**Edmund T. Ault
1340 Anderson St.
Clermont, Fla. 34711**

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.

Edmund T. Ault
Signature/Registered Agent

8-14-03
Date

Edmund T. Ault
Signature/Incorporator

8-14-03
Date

FILED

03 AUG 18 PM 3:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA