

TRANSMITTAL LETTER

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

SUBJECT: CHRISTIAN NURSERY LANDSCAPING + IRRIGATION, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: JOHN M. SCIFO
Name (Printed or typed)

1489 PALM COAST PARKWAY
Address

PALM COAST, FL 32137
City, State & Zip

386-446-0317
Daytime Telephone number

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

FILED

03 OCT -9 PM 3:50

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CHRISTIAN NURSERY LAND SCAPING & IRRIGATION, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

72 BIMINI LANE
PO. BOX 1519
BUNNELL, FL 32110

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

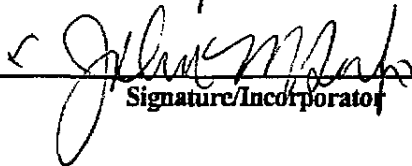
The name and Florida street address of the initial registered agent are:

JAMES V. SORRENTINO
6 RAE DR.
PALM COAST, FL 32164

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JOHN M. SCIFO
1484 PALM COAST PARKWAY
PALM COAST, FL 32137


Signature/Incorporator

10/7/03
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent


Signature/Registered Agent

10/7/03
Date