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TRANSMITTAL LETTER

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TALLAHASSEE FLORIDA

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

SUBJECT: P	ENT LANDSCAPE, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUITEX)
Enclosed are an ori	iginal and one (1) copy of the arti	cles of incorporation and	l a check for:
XX \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	TIMOTHY PENT		and the second of the second o
_	1876 BLACKWOOD AVE	(Printed or typed) Address	<u></u>
	GOTHA, FL 34734 City, State & Zip		
	(407) 298-1913	Celephone 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:

PENT LANDSCAPE, INC.

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SCURL LARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1876 BLACKWOOD AVE GOTHA, FL 34734

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS PURPOSES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TIMOTHY PENT, PRESIDENT 1876 BLACKWOOD AVE GOTHA, FL 34734

BONITA C. PENT, VICE PRESIDENT 1876 BLACKWOOD AVE GOTHA, FL 34734

REGISTERED AGENT

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

TIMOTHY PENT 1876 BLACKWOOD AVE GOTHA, FL 34734

ARTICLE VII INCORPORATOR

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

TIMOTHY PENT 1876 BLACKWOOD AVE GOTHA, FL 34734

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

Signature/Incorporator

Date 11/11/03