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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

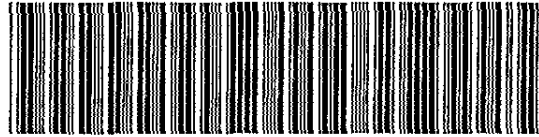
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TALLAHASSEE, FLORIDA

# ABACUS Accounting & Tax Service, Inc.

P.O. Box 1239 • Ocala, Florida 34478-1239

Fax: (352) 867-7738

Ocala Office  
(352) 867-5005  
704 S.W. 3rd Avenue

Dunnellon Office  
(352) 489-9056

February 5, 2004

DIVISION OF CORPORATIONS  
PO BOX 6327  
TALLAHASSEE, FL 32314

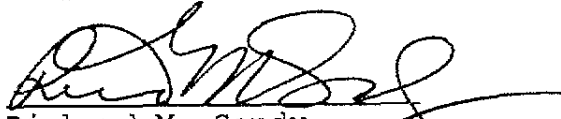
RE: Bob's Lawn Care of Dunnellon, Inc.

Enclosed herewith are the Articles of Incorporation together with a copy of said articles of Bob's Lawn Care of Dunnellon, Inc.

Our check in the amount of \$ 87.50 includes payment for the following:

Filing Fees  
Charter Tax  
Registered Agent  
Certified Copy

Respectfully submitted,



Richard M. Sandy

On behalf of Bob's Lawn Care of Dunnellon, Inc.

CERTIFICATE OF INCORPORATION  
Of  
Bob's Lawn Care of Dunnellon, Inc.

WE, THE UNDERSIGNED, hereby associate ourselves together for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the said State of Florida.

ARTICLE I

The name of this corporation shall be:  
Bob's Lawn Care of Dunnellon, Inc.

ARTICLE II

The corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida.

ARTICLE III

The maximum number of shares of capital stock that this corporation is authorized to have outstanding at any one time is ONE THOUSAND (1,000) shares of common stock, having a par value of ONE (\$1.00) DOLLAR per share.

ARTICLE IV

The amount of capital with which this corporation will begin business shall be the sum of not less than One hundred (\$100.00) DOLLARS.

ARTICLE V

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

This initial street address of the principal office of the corporation shall be:

4276 SW 178<sup>th</sup> Terrace  
Dunnellon, FL 34432

ARTICLE VII

The number of Directors of this corporation shall be at least ONE (1) and no more than FIVE (5).

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## ARTICLE VIII

The name and addresses of the members of the first Board of Directors of this corporation are as follows:

Robert Mis 4276 SW 178<sup>th</sup> Terrace  
Dunnellon, FL 34432

Joanne M. Mis 4276 SW 178<sup>th</sup> Terrace  
Dunnellon, FL 34432

## ARTICLE IX

The names and addresses of the persons signing these Articles of Incorporation as subscribers is as follows:

Robert Mis 4276 SW 178<sup>th</sup> Terrace  
Dunnellon, FL 34432

Joanne M. Mis 4276 SW 178<sup>th</sup> Terrace  
Dunnellon, FL 34432

## ARTICLE X

The corporate existence of this corporation shall begin on the date the Articles of Incorporation are filed of record.

IN WITNESS WHEREOF, the undersigned Robert Mis & Joanne M. Mis, and being natural persons competent to contract, has hereunto set their hand and seal this 5 day of February, 2004.

Robert Mis

Joanne M. Mis

STATE OF FLORIDA

COUNTY OF MARION

BEFORE ME, appeared Robert Mis & Joanne M. Mis to me well known and known to me to be the individuals described in and who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed same freely and voluntarily for the purpose herein expressed.

WITNESS my hand and official seal this 5<sup>th</sup> day of February, 2004.

Notary Public, State of Florida  
My commission expires:



Mary E Waters  
My Commission DD217127  
Expires May 29, 2007

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICLE FOR THE SERVICE OF PROCESS  
WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 607.325, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST THAT **Bob's Lawn Care of Dunnellon, Inc.**

WITH ITS PLACE OF BUSINESS AT **4276 SW 178<sup>th</sup> Terrace**

HAS NAMED **Joanne M. Mis**

LOCATED AT **4276 SW 178<sup>th</sup> Terrace**

CITY OF **Dunnellon**, STATE OF FLORIDA, AS ITS AGENT TO ACCEPT SERVICE OF  
PROCESS WITHIN FLORIDA.

SIGNATURE

  
Robert Mis

TITLE


President

DATE

2-5-04

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED  
CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT  
IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL  
STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I  
ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

SIGNATURE

  
Joanne M. Mis

DATE

2-5-04

BUREAU OF CORPORATE RECORDS, PO BOX 6327, TALLAHASSEE, FLORIDA 32314

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