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(Req	uestor's Name)			
(Add	ress)			
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(City	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
·				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to F	iling Officer:			
Opecial instructions to 1	illing Olinoor.			

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: The Cutting Edge Lawn + Landscaping, The.
(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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED			
FROM: SUSAN D. HICKOX Name (Printed or typed)						
	6168 Island	HOVEST DI	rive			
Orange Park, Fl 32003 City, State & Zip 904-278-9621 / 904-699-9837						
	904-278-9621	1 904-699		P	RETARY OF	
				2: 06	SHOULD.	

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

ARTICLE I NAME	
The name of the corporation shall be:	
The Cutting Edge Lawn + Lan	dscaping Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	0 1 21 27 40 3
The principal place of business/mailing address is: 6168 Island Forest Drive. Orange	e Park, Product
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	0.00
Liability / Business is rapidly	growing
ARTICLE IV SHARES	
The number of shares of stock is:	9 9
	JUSIC ASSECTION OF THE PROPERTY OF THE PROPERT
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):	X 25
Susan D. Hickox, owner	P
Susari D. HICKUR, Warier	PA high
	2: (
)6
ARTICLE VI REGISTERED AGENT	
The name and Florida street address of the registered agent is:	
Susan D. Hickox	W H 37003
Susan D. Hickox 61168 Island Forest Dr. Ovarge Pa	
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	·
SUCAD DILIPAY	
6168 Island Forest Dr. overge	Park, F1 32003
alvo polaro,	
**************************************	**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree	
Sugar D Horror	lune 1 2M2
Signature/Registered Agent	Date Date
, ,	
pusan D. Hickor	June 1, 2004
/ Signature/Incorporator	Date