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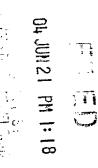
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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EFFECTIVE DATE

121104

TRANSMITTAL LETTER

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

SUBJECT: Botanical Artistry, Inc. (PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA)	TE NAM E - <u>MUST INCA</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Lee Wingate Name	(Printed or typed)		
	P.O. Box 1652	Address	· -	
-	Venice, FL 34284 City, State & Zip			
-	GIFF 1055 Daytime Te	941-488-8 elephone number	029	

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

The name of the corporation shall be:

Botanical Artistry, Inc.

04 JUN 21 PM 1:18

TALLAHASSEE, FLORIDA

The principal place of business/mailing address is:

P.O. Box 1652, Venice, FL 34284"

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a broad variety of landscaping services to the public including lawn service, plant resale and installation, landscape design, SHARES tree training, water features and general yard maintenan. The number of shares of stock is:

<u>೧೧೬</u>

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lee Wingate - PO Box *1652, verice, FL 39284

James Vanwagner, Vice President, 917 Circle Drive. Venica, FL 34285

Pany Wingate - Secretary/Treasurer - PO Box 1652 Venice, FL 34284

REGISTERED AGENT

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

James Vanwagner 917 Circle Drive Venice, FL 34885

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

hee windate PO BOX 1652 Venice, FC3484

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/Registered Agent

* EFFECTIVE DATE OF CORPORATION