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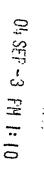
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## TRANSMITTAL LETTER

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

SUBJECT: BIC	otnersework Lawncare	1nc	
-	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
P -1 !	t t t (t) ed		
Enclosed are an on	ginal and one (1) copy of the ar	ncles of incorporation and	a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee	☐ \$78.75 Filing Fee	□ \$87.50 Filing Fee,
S	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Alexander Segui		
	Nam	e (Printed or typed)	
	4914 Lowell Rd.		
		Address	
	Tampa, FL 33624	•	
	City	, State & Zip	
	813-760-5971		

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

Daytime Telephone number

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

04 SEP -3 PM 1:11

ARTICLE I NAME

The name of the corporation shall be: Brothers@Work Lawncare Inc.

WILLAHASSEE, F

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

4914 LOWELL RD TAMPA, FL 33624

ARTICLE III **PURPOSE** 

The purpose for which the corporation is organized is: Lawncare and Landscaping

ARTICLE IV

The number of shares of stock is:

500 Shares

INITIAL OFFICERS AND/OR DIRECTORS

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

ALEXANDER SEGUI PRESIDENT 4914 LOWELL RD TAMPA, FL 33624

ARTICLE VI REGISTERED AGENT

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

ALEXANDER SEGUI 4914 LOWELL RD TAMPA, FL 33624

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ALEXANDER SEGUI 4914 LOWELL RD TAMPA, FL 33624

Having begin amed 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 I

Signature/Registered

Signature/Incorporato