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Certified Copies	_ Certificates	of Status
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TRANSMITTAL LETTER

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

SUBJECT: E-2 Lands Caping of Carbon Florida, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

oclosed are an orig	inal and one (1) copy of the ar	ticles 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 PPY REQUIRED

FROM: _	Erika Tolbert Name (Printed or typed)		
	2441 Center St Address		
	Sanford, Il 3271 City, State & Zip		
	321, 945-2005		

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)	FILED
ARTICLE I NAME	04 SEP 15 AM 11: 04
The name of the corporation shall be:	SECNETART OF STATE
E-Z Lands caping of	TALLAHASSEE, FLORIDA
Central Florida. FNL	
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	
2341 Center St	
Sanbord. Il 32971	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Landscaping	
· •	
ARTICLE IV SHARES	•
The number of shares of stock is:	
100 = one hundred	
List name(s), address(es), and specific title(s): Erika Tolbert 2441 Canter St. Sanford. Zachery Williams 2341 Center St. Sanford	H32771 = President . E. St 3271 = President
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
2341 Center St Erika Tolbert	
Sanford, El 32771	
ARTICLE VII INCORPORATOR	and the second s
The <u>name and address</u> of the Incorporator is:	
Erika tolbert 2441 Centre St	
San ford, 11 32771	
2	********
Having been named as registered agent to accept service of process for the abo certificate, I am familiar with and accept the appointment as registered agent a	ove stated corporation at the place designated in this
J.h. Life	9.10.04
Signature/Registered Agent	Date
1 h	9,10.04
Signature/Incorporator	Date
~ · p	