P04000138635

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



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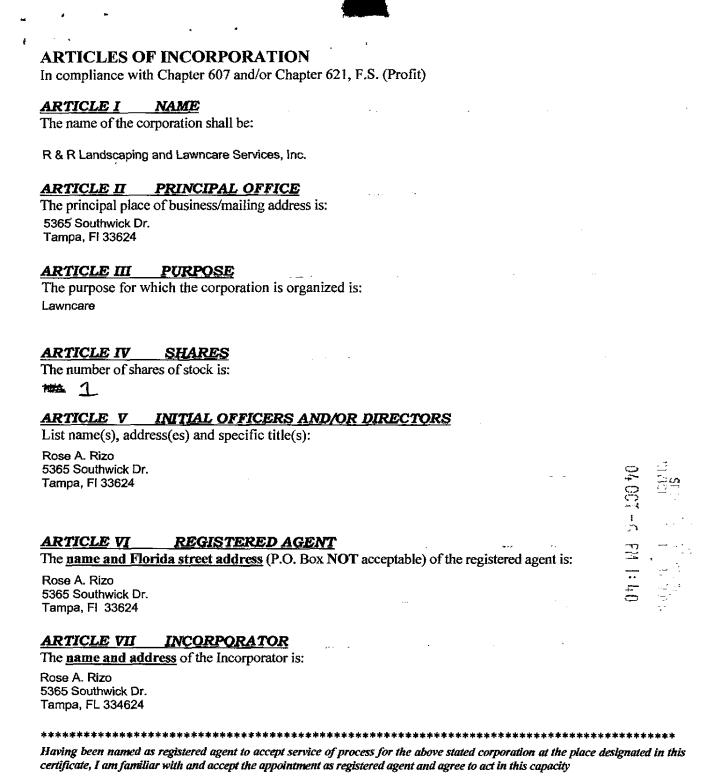
TRANSMITTAL LETTER

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

| SUBJECT: R&R | Landscaping and Lawncare Ser (PROPOSED CORPOR | vices, Inc. IATE NAME – <u>MUST INCL</u> I | UDE SUFFIX) | | |
|---------------------|--|--|---|---------|---------------|
| Enclosed are an ori | ginal and one (1) copy of the a | rticles 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: _ | Rose A. Rizo | | | | |
| | Nar 5365 Southwick Dr. | ne (Printed or typed) Address | | 9-40040 | in the second |
| | Tampa FI Ci | 33624 ty, State & Zip | . <u> </u> | FN 1:40 | ema (1) |
| | 942 069 4202 | | | | |

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

Daytime Telephone number



Signature/Registered Agent

Signature/Incorporat