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| (Requestor's Name)                      |    |  |  |  |
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| (Address)                               |    |  |  |  |
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| (Address)                               |    |  |  |  |
|   |    |  |  |  |
| (City/State/Zip/Phone #)                |    |  |  |  |
| PICK-UP WAIT MAIL                       |    |  |  |  |
|   |    |  |  |  |
| (Business Entity Name)                  |    |  |  |  |
|   |    |  |  |  |
| (Document Number)                       |    |  |  |  |
|   |    |  |  |  |
| Certified Copies Certificates of Status |    |  |  |  |
|   |    |  |  |  |
| Special Instructions to Filing Officer: |    |  |  |  |
| Sporter management                      |    |  |  |  |
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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: N.          | YNC CIRMONS LUI<br>(PROPOSED CORPORA       | rascaping, I                                       | NO.   |
|----------------------|--|--|---|
|                      | (PROPOSED CORPORA                          | TE NAME – <u>MUS PINCL</u>                         | <u>UDE SUFFIX</u> )   |
| Enclosed are an orig | ginal and one (1) copy of the art          | icles of incorporation and                         | d 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 DPY REOUIRED |
|                      |  |  |   |
| FROM:                | Mithe Clemens                              | (Printed or typed)                                 | ·   |
|                      | 13570 Water La                             | - ハウ<br>Address                                    |   |
|                      | FOLH Myers, FI                             | 33908<br>State & Zip                               |   |

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: Mithe Clemons Landscaping, INC ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 12570 Water Lane Ft. Myers, F1 33908 ARTICLE III *PURPOSE* The purpose for which the corporation is organized is: Professional Corporation ARTICLE IV SHARES The number of shares of stock is: 100 INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): President, Vice Pres, Secretary and Treasurer Mihe Clemons ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Mithe Clemons 12570 Water Lane F1.MY4+5, F1 33908 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: M. He Clemons Lane F1, Myers, F1 33908 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 12-15-04 Date

Signature/Registered Agent