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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
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(Do	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
		!

Office Use Only



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SECREMENT OF SEME

TRANSMITTAL LETTER

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

SUBJECT:	ML 4 D IN	E NAME – MUST INCL	UDE SUFFIX)	
Enclosed are an ori	iginal and one (1) copy of the artic	les of incorporation and	a check for:	7
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status	
WD O.L.	Linda Gaa	ADDITIONAL CO	PY REQUIRED	_]
FROM:	Name (WINIFICED U	UAY	
	THE VILLAGES	5 F1 321 State & Zip	62	
	352-751- Daytime Te	5660 elephone number	O CHECK	L .4101
	NOTE: Please provide the or	iginal and one copy of	(2) OKIG	COPY ARTICLES ARTICLES ARTICLES
				HIK!



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

March 8, 2005

LINDA GRAY 942 WINIFRED WAY THE VILLAGES, FL 32162

SUBJECT: ML & D, INC

Ref. Number: W05000012075

name has been danged

We have received your document for ML & D, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filings Section

Letter Number: 405A00016059

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		
The name of the corporation shall be: C.C.C. MCGOWAN, IN	JC	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 9570 SE 170+D PLACE, SUMMERFICIO, FI 34491 ARTICLE III PURPOSE		
The purpose for which the corporation is organized is: To Conduct the business of Landscape MAINT AND DESIGN	ENAK	ÆE
ARTICLE IV SHARES The number of shares of stock is: 5000	_	7.0
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): SABRINA MCGOWAN - PRESIDENT PATRICK MCGOWAN - TREASURER SEC	05 APR 14 AM 8:	ALLANOSSES TO BE
ARTICLE VI REGISTERED AGENT	57	11 12 11 13 12 13
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:		·
SABRINA MCGOWAN 9570 SE 1704 PLACE		
ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is:		
LINDA GRAY 942 WINIFRED WAY		
THE VILLAGES, FI 32162		
**************************************	******	erikrik Jan oliada
Having been named as registered agent to accept service of process for the above stated corporation at the place des certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ignuicu	ut uns
Signature/Registered Agent 2/20/05 Date		
LINDA G GAY Signature/Incorporator Date	_	