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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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1 JUN 23 PM 1:59

## TRANSMITTAL LETTER

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

SUBJECT: CHAM CUT MAINTENANCE AND LAWN CARE INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: RALPH B. DAVIS SR.  
Name (Printed or typed)

1828 IVAN DR.  
Address

TALLAHASSEE FL. 32303  
City, State & Zip

850-385-3540  
Daytime Telephone number

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

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05 JUN 24 PM 2: 15

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

~~Charn Co. Lawn Care~~  
CHARN CO. MAINTENANCE AND LAWN CARE INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1828 IVAN DR. TALLAHASSEE FL. 32303

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LAWN CARE

**ARTICLE IV SHARES**

The number of shares of stock is:

1000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

RALPH B. DAVIS SR. 1828 IVAN DR. TALLAHASSEE FL. 32303 PRESIDENT  
PRISCILLA R. DAVIS " " " " VICE PRESIDENT

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

RALPH B. DAVIS SR. 1828 IVAN DR. TALLAHASSEE FL. 32303

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

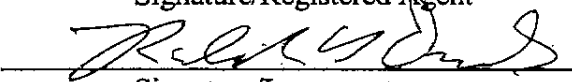
RALPH B. DAVIS SR. 1828 IVAN DR. TALLAHASSEE FL. 32303

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

6/25/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

6/25/05  
\_\_\_\_\_  
Date