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TRANSMITTAL LETTER

partment of State ision of Corporations O, Box 6327 Fallahassee, FL 32314

SUBJECT:	VISIONSCAPES INC			
, obsecti	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	ude Suffix)	
Enclosed are an origi	inal and one (1) copy of the arti	cles of incorporation and	a check for:	1
\$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 REQUIRED	
FROM:	VISIONSCAPES Name	NC. (Printed or typed)		
	2103 COCHISE ⁻	TRL		12 JUJ 12 JUJ 13 JUJ 14 JUJ 15 JUJ 16
	CASSELBERRY,	Address FL 32707 State & Zip		1 -7 PB
	321-303-4974	Celephone number		40.8

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 NAME

The name of the corporation shall be:

VISIONSCAPES INC VISIONSCAPES OF CENTRAL FLORIDA INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 2103 COCHISE TRL CASSELBERRY, FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LANDSCAPING, YARD MAINTENANCE

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):

NICOLE PANTKE, PRESIDENT 2103 COCHISE TRL CASSELBERRY,FL 32707

ARTICLE VI REGISTERED AGENT

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

NICOLE PANTKE 2103 COCHISE TRL CASSELBERRY, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NICOLE PANTKE 2103 COCHISE TRL CASSELBERRY, FL 32707

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

Signature (Incorporator

Date

his capacity U/27/05

N//L

Signature/Incorporator