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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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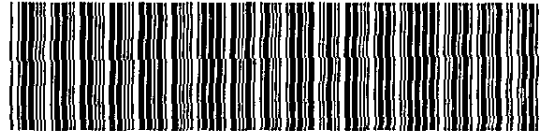
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 JUL 21 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: A Cut Above Lawncare, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jill French

Name (Printed or typed)

3216 Kenmore Dr

Address

Sarasota, Fl. 34231

City, State & Zip

941-266-6344

Daytime Telephone number

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:

A Cut Above Lawncare, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

3216 Kenmore Dr
Sarasota, Fl. 34231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawncare Services

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jill French 3216 Kenmore Dr. Sarasota, Fl. 34231 CEO
James French 3216 Kenmore Dr. Sarasota, Fl. 34231 President
Alan French 3216 Kenmore Dr. Sarasota, Fl. 34231 Vice-President

ARTICLE VI REGISTERED AGENT

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


Jill French
3216 Kenmore Dr. Sarasota, Fl. 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jill French
3216 Kenmore Dr. Sarasota, Fl. 34231

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

7/18/05

Date



Signature/Incorporator

7/18/05

Date

FILED
05 JUL 21 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA