## P05000/58753

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
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VLLAHASSEE, FLOR

DEC-2 PH 4:3

## TRANSMITTAL LETTER

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

SUBJECT: K	endal Kutz L	andscaping	a Corp.
	(PROPOSED CORPORA)	TE NAME - <u>MUST INCL</u>	UDE SUFFIX
T 1 1	tunt out our (1) ourse Cate and	1 efinancentian and	la abaak foru
Enclosed are an orig	inal and one (1) copy of the artic	eles of incorporation and	a check for.
\$70.00	□ \$78.75	<b>□</b> \$78.75	\$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
	i	ADDITIONAL CO	PY REQUIRED
FROM:	Glenon A.	Carea	
FROM	Name (	(Printed or typed)	
	.0-	C> 0) -	
	1/2/24 SW 1	Address	
	Miami Fl	33187 State & Zip	
	City,	State & Zip	
	-a >65 5	1167	
	786-255-5 Daytime T	elephone 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)	ED
ARTICLE I NAME	05 DEC -2 PM 4: 35
The name of the corporation shall be:  Kendal Kutz Landscaping Co	Dr Q HALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  \[ \{\cappa_644\sum_153\cappa_1\cappa_2\cappa_1\cappa_2\capp	
Landscaping Service	
ARTICLE IV SHARES The number of shares of stock is:	
10	
List name(s), address(es) and specific title(s):  Clenchalarcy PRESIDENT 18264 SW1  Clenchalarcy VICE President 18264 SW1  Clenchalarcy VICE President 18264 SW1  Clenchalarcy Director 18264 Sw153  Clenchalarcy Reasurer 18264 Sw153  Clenchalarcy Secretary 18264 Sw153  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the  Clench Alarcy 18264 SW153 Place 18264 SW153 Place 18264 SW153 Place	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  GIENON A. COREY  18264 SW 153 PIQCE  Man FI 33187  ***********************************	
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	ed corporation at the place designated in this to act in this capacity
Hunan Carey Glenont Carrey Signature/Registered Agent	11/30/05 Date
Henon Carey Glenon A. Carey Signature/Incorporator	1130/05 Date