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SECRETABY OF STATE
AND AND SEE FLORIDA

C.S. 3

COVER LETTER

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

SUBJECT: ILH Homes & Land Services
(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 Filing Fee & Certified Copy ADDITIONAL CO | S87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED |
|---|--|---|
| FROM: Stokes Accounting & Bus | iness Consultants Printed or typed) | i, PA |
| 1035 W Dixie Avenue | | |
| A | ddress | |
| Leesburg, FL 34748 | | |
| City, | State & Zip | |
| 352-728-0980 | <u></u> | |
| Daytime Te | 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)

ARTICLE I NAME

The name of the corporation shall be:

ILH Home & Land Services, Inc..

FILED

06 JAN 31 AM 9:57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

15246 Old Highway 441 Tavares, Fl 32778

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lawn Maintanence

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):

Ida L. Heaps 15246 Old Highway 441 Tavares, FL 32778 President

ARTICLE VI REGISTERED AGENT

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

Beryl N. Stokes 1035 W Dixie Avenue Leesburg, Fl 34748

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Beryl N. Stokes 1035 W Dixie Avenue Leesburg, Fl 34748

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 /

Date