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(Requestor's Name)			
(Address)			
(Address)			
(law. sse)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
(20011101111111111111111111111111111111			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

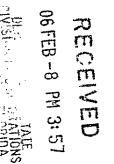




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COVER LETTER

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

SUBJECT: E BIRD CUTTING UP Lawn Care INC.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:
S70.00 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 PPY REQUIRED
FROM:	ERRIC W.	G100eR (Printed or typed)	
	526 Garfi	eld AUE Address	
	Winter Par	-K F1, 32	789
	(407) 252 Daytime 1	-2184 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. (Prof	īt)	
The name of the corporation shall be: & Bird Cut	tting up Lau	un Care Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:		SECRETAL VISION GO
526 Garfield Ave		8 PH
Winter Park, F1.32789 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To engage in Lawn Care Services In the State of Florida		N 4: 16
ARTICLE IV SHARES The number of shares of stock is: 10,000 Shares of Capital Stock of this corpora IN the Coldowing Person and In the ARTICLE V INITIAL OFFICERS AND/OR DIRECT List name(s), address(es) and specific title(s): ERRICLE Glover - P	tion Shall beve amount opposi	ested te his nome ê DNC Gylov # Of Shan 10,00i
526 Granfield Ave		
Winter Park, F1. 32789 The pumber of directors may be raised or low ARTICLE VI REGISTERED AGENT the Corpora The name and Florida street address (P.O. Box NOT acceptable)	3,1,1,1,1	
ERRICHOVER 524 Garfield Ave Winter Park, F1. 32789 ARTICLE VII INCORPORATOR	e.	
The name and address of the Incorporator is:	· · · — · · · ·	÷ /
Raymond Carmichael P.O. Box 181522		

Signature/Registered Agent

Date

2/0//06

Signature/Incorporator

Date