

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Control of the contro

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346 HAY 25 AM II: 03 CRETARY OF STATE LAHASSEE, FLORID

FLORIDA PROFIT/NON PROFIT CORPORATION

WEED WHACKERS LAWN SERVICE, CORP.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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ARTICLES OF INCORPORATION WEED WHACKERS LAWN SERVICE, CORP.

ARTICLE ONE.

NAME

The name of this corporation is WEED WHACKERS LAWN SERVICE, CORP.

ARTICLE TWO.

OBJECTS AND PURPOSES

LOCATION OF PRINCIPAL OFFICE

The principal office for the transaction of business of this corporation is to be located in DADE County, *FLORIDA*. Will be located at 1941 NW 86 Ave, Pembroke Pines, FL 33024.

ARTICLE THREE.

The objects and purposes for which this corporation is formed are:

To conduct and transact generally the business of a LAWN SERVICE corporation and to do all things and exercise all powers and perform all functions that a LAWN SERVICE corporation is authorized or empowered to do, exercise, or perform under and by virtue of the laws of *FLORIDA*, or that it may be by law hereafter authorized to do, exercise, or perform; as a LAWN SERVICE corporation and insofar as is consistent with the laws of *FLORIDA*.

ARTICLE FOUR.

SHARES

The total number of shares that the corporation is authorized to issue is 100 shares, and all such shares are to have a par value, and the aggregate par value of all such shares is <u>TEN dollars</u> (\$ 10.00).

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	The number of directors of the	corporation is, the tottowing are income appointed to act as directors until their successors
	Names	Residences
	ALBERT LOUGEDO	1941 NW 86 AVE
		PEMBROKE PINES, FL 33024
		· .
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ARTICLE SIX.

REGISTERED AGENT

The registered agent for service of process upon the corporation is:

Name

Address in [state]

ALBERT LOUGEDO

1941 NW 86 AVE

PEMBROKE PINES, FL 33024

ARTICLE SEVEN.

INCORPORATOR

The name and address of the Incorporator is:

Name

Address in [state]

ALBERT LOUGEDO

1941 NW 86 AVE

PEMBROKE PINES, FL 33024

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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/Register Agent

5/25/06

Signature/Incorporator

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