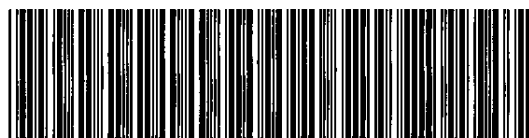


PO6000080318



800066729378

03/01/06--01021--025 **78.75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FILED
06 JUN 12 PM 3:44
SECRETARY OF STATE
TALLAHASSEE FLORIDA

UH

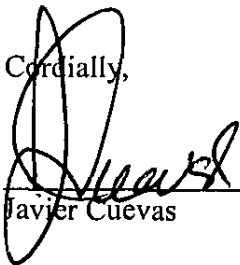
June 6th, 2006

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

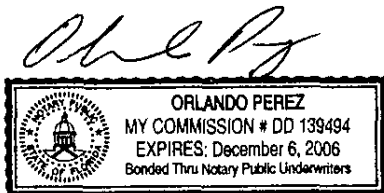
Re: Javier Lawncare, Corp. with Document number P03000141333)

I am authorizing the enclosed articles of incorporation to be filed due to the fact that I have no intentions on reinstating and I am releasing the name of "Javier Lawncare, Corp. with document # (P03000141333).....", to be filed as a new corporation.

Cordially,



Javier Cuevas



ID Taken: known



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2006

JAVIER CUEVAS
2812 HOFFMAN DRIVE
ORLANDO, FL 32837

SUBJECT: JAVIER LAWCARE, CORP.
Ref. Number: W06000010609

We have received your document for JAVIER LAWCARE, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring
Document Specialist
New Filing Section

Letter Number: 506A00015284

COVER LETTER

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

SUBJECT: JAVIER LAWNCARE, CORP.
(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **JAVIER CUEVAS**
Name (Printed or typed)

2812 HOFFMAN DRIVE
Address

ORLANDO FL 32837
City, State & Zip

407-383-2484
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)

FILED
06 JUN 12 PM 3:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

JAVIER LAWNCARE, CORP

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

3327 STEEPLECHASE LANE
KISSIMMEE, FL. 34746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR ANY AND ALL LEGAL USE

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):

JAVIER CUEVAS-PRESIDENT
3327 STEEPLECHASE LANE
KISSIMMEE, FL. 34746

ARTICLE VI REGISTERED AGENT

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


JAVIER CUEVAS
3327 STEEPLECHASE LANE
KISSIMMEE, FL. 34746


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

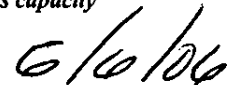
JAVIER CUEVAS
3327 STEEPLECHASE LANE
KISSIMMEE, FL. 34746

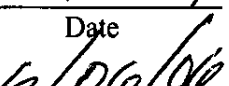
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date