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ART. OF CORR.

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: ADVANCED LAWN &	GARDEN SERVICES INC	
DOCUMENT NUMBER: P0600010	·	
The enclosed Articles of Correction and for		
Please return all correspondence concerni	ng this matter to the following:	
SUNIL D. NAIR		
(Name of Contact Person)		
(Firm/Company)		
1681 OAKES BLVD		
(Address)		
NAPLES, FL 34119		
(City/State and Zip Code) For further information concerning this m	atter, please call:	
SUNIL D. NAIR	at (239) 254-9436 (Area Code & Daytime Telephone Number)	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amo	ount:	
☐ \$35.00 Filing Fee	✓ \$43.75 Filing Fee & Certificate of Status	
\$43.75 Filing Fee & Certified Copy	\$52.50 Filing Fee, Certificate of Status & Certified Copy	
Mailing Address:	Street Address:	
Amendment Section Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
·	Tallahassee, FL 32301	

ARTICLES OF CORRECTION

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for

06 AUG 23 AH 8: 16

ADVANCED LAWN & GARDEN SERVICES INC

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Name of Corporation as currently filed with the Florida Dept. of State

P06000108275	
Document Num	ber (il'known)
Pursuant to the provisions of Section 607.0124 or these Articles of Correction within 30 days of the f	
These articles of correction correct ARTICLES	OF INCORPORATION
	(Document Type Being Corrected)
filed with the Department of State on AUGUST 1	(ile Date of Document)
Specify the inaccuracy, incorrect statement, or defe	•
• • •	
The effective date for this corporation	I Shall be: 9/1//06
	
Correct the inaccuracy, incorrect statement, or defe	ect:
The effective date for this corporation s	shall be: 8/18/06
	Mi
(Signature of a director, president or office not been selected, by an incorporator other court appointed fiduciary, by that	er officer- if directors or officers have f in the hands of the receiver, trustee, or fiduciary.)
SUNIL D. NAIR	PRESIDENT

Filing Fee: \$35.00

(Typed or printed name of person signing)

(Title of person signing)