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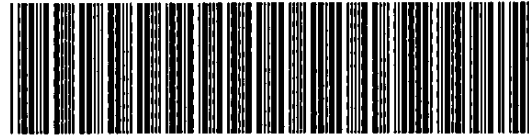
(Business Entity Name)

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2006 OCT 12 PM 1:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 Bureau OCT 12 2006

COVER LETTER

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

SUBJECT: ENTERPRISES PROPERTY MAN OF FL INC  
(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

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: ENTERPRISES PROPERTY MAN OF FL INC  
Name (Printed or typed)

906 RIVERLIDE DR  
Address

GREEN ARCS FL 33463  
City, State & Zip

561 853 6393  
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2006

ENTERPRISES PROPERTY MAN OF FLA, INC.  
906 RIVERLIDE DR  
GREEN ARCES, FL 33463

SUBJECT: ENTERPRISES PROPERTY MAN OF FLORIDA INC.  
Ref. Number: W06000042028

We have received your document for ENTERPRISES PROPERTY MAN OF FLORIDA INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

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) 245-6928.

Tim Burch  
Document Specialist  
New Filing Section

Letter Number: 906A00057121

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2006 OCT 12 PM 1:17

**ARTICLE I NAME**

The name of the corporation shall be:

ENTERPRISES PROPERTY MAN OF FL. INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

906 RIVERSIDE DR. W.P.B. FL.33463  
P.O. BOX 17933 W.P.B. FL.33416

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LANDSCAPING CUTTING TREES, PRESSURE CLEANING, REMODELING  
OF REDENTIAL AND COMMERCIAL PROPERTIES.

**ARTICLE IV SHARES**

The number of shares of stock is: 5,000 SHARES@ 10.00 MARLON CHRISTIE DIR. 1000  
2000 ,GLASPOLE CHRISTIE 1000,STACY RICHARD 500,STEPHNEY CHRISTIE  
500, CLIVE CHRISTIE PRES. 2000.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

CLIVE G. CHRISTIE PRES. 1581 WINDOAH WAY ROYAL PALM FL,33411  
GLASPOLE CHRISTIE DIR. 1581 WINDORAHWAY RAYAL PALM FL.33411  
MARLON CHRISTIE DIR. 2000 WINDORAHWAY ROYAL PALM FL,33411  
STACEY A.RICHARDS DIR, 7032 HAWYNSNEST.RD. W.P.B FL,33407  
STEPHANEY CHRISTIE DIR,2205 PARK HILL DR. W.P.B.33417

**ARTICLE VI REGISTERED AGENT**

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

MAUD LEWIS 906 RIVERSIDE DR, W.P,B FL.33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CLIVE G.CHIRSTIE SR. 1581 WINDORAWAY R.PB FL 33411  
P.O. BOX 17933 W.P.B FL 33416

\*\*\*\*\*

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

*Maud Lewis*  
\_\_\_\_\_  
Signature/Registered Agent  
*Clive G. Christie Sr.*  
\_\_\_\_\_  
Signature/Incorporator

*10.7.06*  
\_\_\_\_\_  
Date  
*10.7.06*  
\_\_\_\_\_  
Date