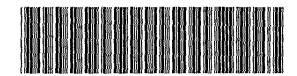
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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
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PICK-UP WAIT MAIL			
(Charles on Craftle & Conne)			
(Business Entity Name)			
(Document Number)			
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WO7-2509

COVER LETTER

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

SUBJECT:	JOHNSON'S LAI	WN CARE,	INC		
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)					
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:					
□ 67 0 00	Than as		M 200 50		
\$70,00 Filing Fee	\$78.75 Filing Fee	☐ \$78.75 Filing Fee	\$87.50 Filing Fac		
ranig rec	& Certificate of Status	& Certified Copy	Filing Fee, Certified Copy		
		1,5	& Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
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	1	1	ī		
FROM:	JEFFERY Name (10SNHOC	<u> </u>		
	Name (Printed or typed)			
	2745 BON	IFAY CHIPLI	EV PARA		
		address	LI NOTE		
	BONIFAY FLORIDA 32425				
	Čity, State & Zip				
	Q50-2	76-2949			
	Daytime Telephone number				

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



January 17, 2007

28 63 4 4

JEFFERY JOHNSON 3245 BONIFAY CHIPLEY ROAD BONIFAY, FL 32425

SUBJECT: JOHNSON'S LAWN CARE, INC.

Ref. Number: W07000002509

We have received your document for JOHNSON'S LAWN CARE, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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: 207A00003830

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
OIVISION OF SIGH
ARTICLE I NAME The name of the corporation shall be:
110 man of an object of the state of the sta
JOHNSON'S QUALTTY LAWNCARE. INC. 3AM 8:16
ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:
3245 BONIFAY CHIPLEY ROAD
BONIFAY, FLORIDA 32425
ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
Any And All LAWful Bustnoss
ARTICLE IV SHARES
The number of shares of stock is:
100
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s) address(es) and specific title(s):
List name(s), address(es) and specific title(s): JEFFERY JOHNSON / PRESIDENT
3245 BONIFAY CHIPLEY ROAD
BONIFAY, FLORIDA 32425
BONITAT, TWITTER
ARTICLE VI REGISTERED AGENT
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Jeften Johnson/ President
35421300 Etay (graphy Rd.
Bavify A. 32425
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is: JOHNSON'S QUALTTY LAWNCARE THE.
JEFFERY JOHNSON
3245 BONIFAY CHIPLEY ROAD
BONIFAY, FLORIDA 32425

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
1-9-07
Signature/Registered Agent Date
1-9-07
Signature/Incorporator Date

ARTICLES OF INCORPORATION