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| (Re | equestor's Name) |
|-------------------------|------------------------|
| (Ac | ddress) |
| (Ac | ddress) |
| (Ci | ty/State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Bu | usiness Entity Name) |
| (Do | ocument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to | Filing Officer: |
| | |
| | |
| | |
| | Office Use Only |



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02/27/07--01021--020 **78.75

SECRETARY OF STATE

T. Burch FEB 2.7,2007

COVER LETTER

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

| SUBJECT: Plantscapes Irrigation & Landscape, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|--|--|--|--|--|
| Enclosed are an orig | ginal and one (1) copy of the arti | cles of incorporation and | l a check for: | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | |
| FROM: | Craig Boller Name (Printed or typed) | | | |
| | 891 West American Eagle Drive Address | | | |
| | Saint Augustine, Florida 32092 City, State & Zip | | | |
| | 904-230-7765 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)

ARTICLE I NAME

The name of the corporation shall be:

Plantscapes Irrigation & Landscape, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

891 West American Eagle Drive Saint Augustine, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Irrigation, Landscaping and Lawn Maintenance Business

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):

Craig S. Boller - Co-President 891 West American Eagle Drive Saint Augustine, FI 32092 Daron E. Murrell - Co-President 241 Lige Branch Lane Jacksonville, FL 32259

ARTICLE VI REGISTERED AGENT

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

Kelly Boller 891 West American Eagle Drive Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Craig S. Boller 891 West American Eagle Drive Saint Augustine, FL 32092

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

Kelly Bolline

Ke Signature/Registered Agent

Date

2/26/07

Date

2/26/07

Signature/Incorporator

Craig 5. Boller