

PD7000038246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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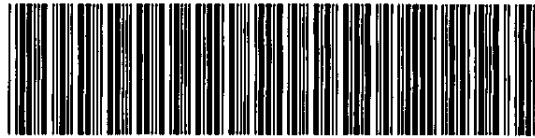
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2007 MAR 26 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch MAR 27 2007

## COVER LETTER

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

SUBJECT: CENTRAL FLORIDA SCAPES, 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: STEVEN WILSON  
Name (Printed or typed)

801 LEE STREET  
Address

WILDWOOD, FL 34785  
City, State & Zip

(352) 353-5012  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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:

CENTRAL FLORIDA SCAPES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

801 LEE STREET  
WILDWOOD, FL 34785

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF LANDSCAPING SERVICES.

### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES @ \$1 PER SHARE PAR VALUE.

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

STEVEN WILSON, VP  
801 LEE STREET  
WILDWOOD, FL 34785

CYNTHIA WILSON, PRESIDENT  
801 LEE STREET  
WILDWOOD, FL 34785

### ARTICLE VI REGISTERED AGENT

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

STEVEN WILSON  
801 LEE STREET  
WILDWOOD, FL 34785

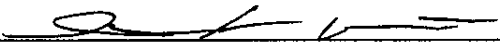
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN WILSON  
801 LEE STREET  
WILDWOOD, FL 34785


\*\*\*\*\*

*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

3-21-07

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3-21-07

\_\_\_\_\_  
Date