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(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: Double XL, Incorporated				
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
·	·			
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:	
□ \$70.00	2 \$78.75	\$78.75	\$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy		
			& Certificate of	
		ADDITIONAL CO	Status	
		ADDITIONAL COPY REQUIRED		
	•			
Carl V Brown				
FROM: Carl V. Brown Name (Printed or typed)				
Name (Finited of typed)				
8813 Pine Bay Ct.				
Address				
\cdot				
	Orlando, FL 32825	•		
City, State & Zip				
407 000 0400				
	407-963-3486			
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:

Double XL, Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 8813 Pine Bay Ct.
Orlando, FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Private and Commercial Lawn & Hauling Services

ARTICLE IV SHARES

The number of shares of stock is:

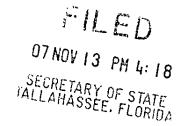
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carl V. Brown 8813 Pine Bay Ct. Orlando, FL 32825 CEO

Rochelle M. Brown 8813 Pine Bay Ct. Orlando, FL 32825 President



ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is over 13 PM 4: 18

Rochelle M. Brown
8813 Pine Bay Ct.
Orlando, FL 32825

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Carl V. Brown
8813 Pine Bay Ct.
Orlando, FL 32825

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

Signature/Incorporator