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	(Requestor's Name)			
	(Address)			
	(Address)			
,	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
Office Use Only				



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SECRETARY OF STATE

T. Burch MAY 1 2008

COVER LETTER

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

			,
SUBJECT: Best Cu	ut Lawn Service, Inc.	ATE NAME – <u>MUST INC</u> I	TINE CLIEBTAN
	(I NOI OSED CORFOR	ATE NAME - MUST INC	LUDE SUFFIX)
			,
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	l a check for:
	,		
□ \$70.00	\$78.75	\$78.75	3 \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
•	& Certificate of Status	& Certified Copy	Certified Copy
		· ·	& Certificate of
	•	ADDITIONAL CO	Status
		ADDITIONAL CO	PYREQUIRED
	•	· · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
			• •
EDOM: D	amali Diyan		•
FROM: Do		e (Printed or typed)	
		` ' '	
	700 NW 18th Street		
• .		Address	
	•		
	Fort Lauderdale, Florida 33311	·	
		y, State & Zip	
	2-2		
	<i>210</i> (954)792-4376, (954) 207 -5777	or (754)214-2107	
		Telephone number	

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

FILED

2008 MAY -1 PM 4: 27

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:

best cut lawn service, inc

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

700 nw 18st street (principal address) po box 120245 (mailing address) ft lauderdale fl 33311 fort lauderdale, fl ,33311

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: lawn service

ARTICLE IV SHARES

The number of shares of stock is: 100

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): donell dixon- p&s

700nw 18th street fort lauderdale, fl 33311

sara cooley, vp&t 3230 nw 4th pi fort laudardala

REGISTERED AGENT

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

sara cooley 3230 nw 4th pl fort lauderdale fl,33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: donell dixon 700nw18 th street fort lauderdale fl,33311

Having been named as registered agent to accept service of process fo certificate/Nam familiar with and accept the appointment as registered a	r the above stated corporation at the place designated in this
la cults	4-29-08

Signature/Registered Agent Date

Signature/Incorporator