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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

APPROVE

1/1+

COVER LETTER

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

	Landcare, Inc. (PROPOSED CORPOR	ATË NAMË – <u>MUST INCI</u>	LUDE SUFFIX)
sed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00	\$78.75	□ \$78.75	☑ \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
	a communication status	as continue copy	& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM: By	ron D Waters	e (Printed or typed)	···
	INAIII	e (Finited or typed)	
	PO Box 1281		
		Address	
	Arcadia, Florida 34266		
	Cit	y, State & Zip	
	863-244-2462		·
	Daytime	Telephone number	

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

APPRUVLI AND FILED

09 JAN -5 PM 4: 16

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:

Mowco Landcare, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3193 SW Beard Street Arcadia, Florida 34266

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Corporation for profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Byron D Waters

PO Box 1281 Arcadia, Florida 34266

President & Director

ARTICLE VI REGISTERED AGENT

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

Byron D Waters

3193 SW Beard Street Arcadia, Florida 34266

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Byron D Waters

PO Box 1281 Arcadia, Florida 34266

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 Date

Signature/Incorporator Date