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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
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DEPARTMENT OF STATE
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FLORIDA PROFIT/NON PROFIT CORPORATION

VAN SICKLE'S LAWN MAINTENANCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
VAN SICKLE'S LAWN MAINTENANCE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2424 JONES RD.
JACKSONVILLE, FL 32220

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:
1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

DIRECTOR, PRESIDENT:
KYLE VAN SICKLE
2424 JONES RD.
JACKSONVILLE, FL 32220

DIRECTOR, VICE-PRESIDENT:
AMBER VAN SICKLE
2424 JONES RD.
JACKSONVILLE, FL 32220

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PAGE 2 VAN SICKLE'S LAWN MAINTENANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

AMBER VAN SICKLE
2424 JONES RD.
JACKSONVILLE, FL 32220

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

AMBER VAN SICKLE
2424 JONES RD.
JACKSONVILLE, FL 32220

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.

Amber Van Sickle
AMBER VAN SICKLE / Registered Agent

2/11/09
Date

Amber Van Sickle
AMBER VAN SICKLE / Incorporator

2/11/09
Date