## P10000089975

| (Re                     | equestor's Name)   |                        |  |  |
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| (Ad                     | dress)             |                        |  |  |
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|                         |                    | <u>-</u>               |  |  |
| (Ad                     | ldress)            |                        |  |  |
|                         |                    |                        |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)                   |  |  |
|                         |                    |                        |  |  |
| PICK-UP                 | WAIT               | MAIL                   |  |  |
|                         |                    |                        |  |  |
|                         |                    |                        |  |  |
| (Bu                     | siness Entity Nar  | ne)                    |  |  |
|                         |                    |                        |  |  |
| (Do                     | cument Number)     |                        |  |  |
|                         |                    |                        |  |  |
| Certified Conjec        | Certificates       | Certificates of Status |  |  |
| Certified Copies        | _ Certificates     | S Of Clarus            |  |  |
|                         |                    |                        |  |  |
| Special Instructions to | Filing Officer:    |                        |  |  |
| '                       | J                  |                        |  |  |
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## **COVER LETTER**

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

**SUBJECT:** Southern Pine Landscape and Lawn 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 \$78.75 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Michelle Kidulas Name (Printed or typed) 42 PEBBLE BEACH DR Address PALM COAST, FLORIDA 32164 City, State & Zip 386 447- 8128

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

Daytime Telephone number

SPINELANDSCAPE@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

SECRETARY OF STALE
DIVISION OF CORPORATEORS

7010 OFT 29 PM 12: 35

## ARTICLES OF INCORPORATION

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

SECRETARY OF STATE
DIVISION OF CORPORATION

10-21-10

Date

| he name of the cor            | poration snail be:   |                                | WN INC 2010 OCT 29 PM I                |
|-------------------------------|--|--------------------------------|--|
| RTICLE II                     | PRINCIPAL OFFICE   |                                |  |
| 4                             | Principal street address                                       | Mailir                         | ng address, if different is:           |
| 4.                            | 2 PEBBLE BEACH DR.   | <del></del>                    |  |
| E                             | alm (005+, FL 32164  |                                |  |
| RTICLE III                    |  |                                |  |
| he purpose for wh<br>ANDSCAPE | nich the corporation is organized is: AND LAWN MAINTENANCE     |                                |  |
|                               |  |                                |  |
|                               |  | •                              |  |
|                               |  | <u>}a</u> -                    |  |
| RTICLE IV                     | SHARES   |                                |  |
|                               | es of stock is:100°  |                                |  |
| RTICLE V                      | INITIAL OFFICERS AND/OR DIRECT                                 | MRS                            |  |
|                               | le:MICHELLE KIDULAS- PRESIDI                                   |                                |  |
| Address:                      | 42 PEBBLE BEACH DR PALM COAST FL 3                             |                                |  |
|                               | <del></del>  |                                |  |
|                               |  | <del></del>                    |  |
| Name and Tit                  | le:DERRICK KIDULAS- SECRETA                                    | ARY Name and Title:            |  |
| Address:                      | 42 PEBBLE BEACH DR PALM COAST FL 3                             | 32164 Address:                 |  |
|                               |  |                                |  |
|                               | ·  |                                |  |
| Name and Tit                  | le:  | Name and Title:                |  |
| Address:                      |  | Address:                       | · · · · · · · · · · · · · · · · · ·    |
|                               |  | <del></del>                    |  |
|                               |  |                                |  |
|                               | REGISTERED AGENT<br>ida street address (P.O. Box NOT acceptabl | a) of the registered egent is: |  |
| Name:                         | MICHELLE KIDULAS   | e) of the registered agent is. |  |
| Address:                      | 42 PEBBLE BEACH DR PALM COAST F                                | <br>L 32164                    |  |
|                               |  |                                |  |
| RTICLE VII                    | INCORPORATOR   |                                |  |
|                               | ress of the Incorporator is:                                   |                                |  |
| Name:                         | MICHELLE KIDULAS   |                                |  |
| Address:                      | 42 PEBBLE BEACH DR PALM COAST FL.                              | 32164                          |  |
|                               |  |                                |  |
| aving been named              | d as registered agent to accept service of pro-                | ocess for the above stated co  | proporation at the place designated in |
| is ceruficate, i am           | familiar with and accept the appointment as                    | registered agent and agree i   | o act in this capacity                 |
|                               |  |                                | 10 21 10                               |
|                               | Required Signature/Registered Agent                            |                                | 10-21- 10                              |
|                               | required Signature/Registered Agent                            |                                | Date                                   |