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(Requestor's Name)		
(Address)		
(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
(========,		
Certified Copies Certificates of Status		
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T. Buren JAN 1-2 2011

COVER LETTER

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

SUBJECT: PJ'S. Londscaping (PROPOSED CORPOR	and Lawn Maintenance inc ATENAME-MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status
·	ADDITIONAL COPY REQUIRED
FROM: Froncisus Jimes	ne (Printed or typed)
2502 ATTURUS	Address
Duincy Florida Cit	32352 y, State & Zip
850-510-45 Daytime	
P15 Landscaping E-mail address: (to be u	a Tds. Net sed for future annual report notification)

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: \$\mathcal{P} 5's Landscaping\$	end hateri Lawn Maintenonce. Inc	
Principal office Principal street address Principal street address 2502 Arraphious Hwy Quincy FL 32: Lawn Maintenance and Landscaping. Unit	nuly 5	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 15	MIZ NE 34 EFARY OF STATE WASSEE, FLORIDA	
• •	_	
Name and Title: Francisco Simenet Address: Owner / President 2502 A Trapylgus Hwy Quincy Florida 32352	Name and Title:Address:	
Name and Title: Address: N/A	Name and Title: Address:	
Name and Title: Address:	Name and Title: Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of Name: Address: 2502 Principle Hwy Duincy PL 32352	the registered agent is:	
The name and address of the Income. Name: Address: Truncisco Simene T. Address: 2502 Arrapulgus Hwy Duincy Florida 32352		
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		
Frincisco Simense - Required Signature/Registered Agent		
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
Francisco Zimenot Required Signature/Incorporator	J - 11 - 11	
Paguired Cinnature/Incorporator	Date	