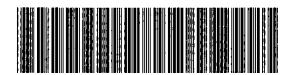
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(Requestor's Name)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
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(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

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SEGRETARY OF STATE
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COVER LETTER

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

osed are an original and one (1) copy of	the articles of incorporation as	nd a check for:
\$70.00 Filing Fee & Certificate of Statu	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		L.
	ADDITIONAL C	COPY REQUIRED
FROM: <u>Raymond A. David,</u> 2605 Rippee Road	<u> </u>	COPY REQUIRED
FROM: Raymond A. David, 2605 Rippee Road	[[[COPY REQUIRED SECRETARY OF TALLAHASSEE
· · · · · · · · · · · · · · · · · · ·	Name (Printed or typed) Address	COPY REQUIRED

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 RAD3, Inc		
The name of the co	orporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
_	Principal street address	Mailing	address, if different is:
	2605 Rippee Road		
	Tallahassee, FL 32303		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Lawn Care S	ervice		
			
The number of shar	res of stock is: 500		
	INITIAL OFFICERS AND/OR DIREC		
Name and 11 Address:	ile:Raymond A. David, III- Preside 2605 Rippee Road		
71441033.	Tallahassee FL 32303		
Name and Ti	tle:	Name and Title:	
Address:	iie.	Address:	
11441055			
Name and Tit	tle:	Name and Title	
Address:			
		<u> </u>	
			
ARTICLE VI	REGISTERED AGENT		7A.: 20
	ida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name:	RAYMOND A DAULD I		
Address:	CLOS PIPEL RU	77.1	SS B
	-IMMANASSUE, PL	26705	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		The state of the s
Name:	Raymond A. David, III		98 9 D
Address:	2605 Rippee Road Tallahassee, FL 32303		
	Tallahassee, FL 32303		,
Tavina heen name	d as registered agent to accept service of p	rocess for the above stated corn	oration at the place designated in
	familiar with and accept the appointment		
			1 1
			1/15/11
$\overline{}$	Required Signature/Registered Agen	t	Date
\sim			
	nent and affirm that the facts stated herein		
ocument to the Dep	partment of State constitutes a third degree	jeiony as provided for in s.817.1.	55, F.S. f
!}	/ /		0/22/10
	Beauty of San and Transmission		14 T TU
X 1	Required Signature/Incorporator		Date