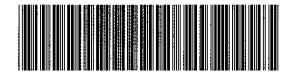
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(Re	questor's Name)	
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TAPLANCE OF STATE

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COVER LETTER

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

SUBJECT: Southern Coast Landscape Corporation (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 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED FROM: Brett Ashley Name (Printed or typed) 5248 SW Landing Creek Drive Palm City, FL 34990 City, State & Zip 772-781-7997 Daytime Telephone number

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

juliet.ashley@hmhpub.com
E-mail address: (to be used for future annual report notification)

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

	PRINCIPAL OFFICE Principal street address 5248 SW Landing Creek Drive		Mailing address, if different is:	
	Palm City, FL 34990			
ARTICLE III	PURPOSE			
	which the corporation is organized is:		;	
to provide lar	ndscape services across southern a	and central Florida.	Apr =	
			The second	
			ω press	
			1.41	
ARTICLE IV				
ne number of sna	ires of stock is:10,000		H: 01	
	INITIAL OFFICERS AND/OR DIRECT		≥ ≥ 0 ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	
Name and T	itle:Brett C. Ashley 5248 SW Landing Creek Drive	Name and Title:	<u>on</u> –	
Address:	5248 SW Landing Creek Drive	Address:		
	Palm City, FL 34990			
				
	itle:	Name and Title:	<u>, , , , , , , , , , , , , , , , , , , </u>	
Address:		Address:		

Name and T	itle:	Name and Title:		
Address:		Address:		
		 		
				
	REGISTERED AGENT			
	orida street address (P.O. Box NOT acceptable) of the registered agent is:		
Name:	Brett Ashley			
Address:	5248 SW Landing Creek Drive Palm City, FL 34990			
	Fain City, Ft. 34990			
	INCORPORATOR			
	dress of the Incorporator is:			
Name:	Brett Ashley.			
Address:	5248 SW Landing Creek Drive Palm City, FL 34990			
	rain Oity, 1 L 34330			
	ed as registered agent to accept service of pro			
his certificate, I a	m familiar with and accept the appointment as	registered agent and agree to ac	t in this capacity	
-	6 10 /11		-lacky	
	Required Signature/Registered Agent			
	Required Signature/Registered Agent		Date !	
submit this docu	ment and affirm that the facts stated herein (are true. I am aware that the f	alse information submitted in a	
	epartment of State constitutes a third degree fel			
		- ·	/ /	
	Required Signature/Incorporator		5/25/11	
	Required Signature/Incorporator		L Date	