(Reque	estor's Name)				
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PICK-UP	WAIT .	MAIL			
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COVER LETTER

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

SUBJECT: Sod Works Services, Ir	TC.	HINE CHEETY)			
(PROPOSED CORPORA	TE NAME - MUST INCL	ODE SUFFIX)			
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQUIRED				
FROM: Anthony Herring Name	(Printed or typed)				
429 Bayleaf Dr.					
	Address	3 40	20		
Kissimmee, FL 34759	6		- MUL 11	- 10°, -4°	
City,	State & Zip	200	9-1	*** 50,00	
407-619-8357	elephone number		P.	در أحاشت	
		£ > .	$\ddot{\wp}$.*	
tonyslawncareh@aol.co E-mail address: (to be use	m d for future annual report	notification)	30		

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

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

ARTICLE I NAME
The name of the corporation shall be:

Sod Works Services, Inc.

ARTICLE II	PRINCIPAL OFFICE Principal street address 219 Geneva Dr. Oviedo, FL 32765	Mailing add 429 Bayleaf Dr. Kissimmee, Fl. 3	Mailing address, if different is: 429 Bayleaf Dr. Kissimmee, Fl. 34759	
	PURPOSE r which the corporation is organized is: lawful business			
ARTICLE IV	SHARES thares of stock is:100			
ARTICLE V	INITIAL OFFICERS AND/OR DIR	ECTORS		
Name and	Title: Anthony Herring / President	Name and Title: Kimberly	/ Herring / Vice President	
Address:	429 Bayleaf Dr.	Address: 429 Bay	leaf Dr.	
	Kissimmee, Fl. 34759	Kissimm	ee, FL 34759	
				
	Title:	Name and Title:		
Address:		Address:		
Name and	Title:	Name and Title:		
Address:		Address:		
			20	
				
APTICIE VI	REGISTERED AGENT			
	Florida street address (P.O. Box NOT accept	otable) of the registered agent is:		
Name:	Kimberly Herring		-0	
Address:	429 Bayleaf Dr.		PAR II	
	Kissimmee, FL 34759		, and	
A DOTOL W LITT	TIMOPPOP A MOD		2	
	INCORPORATOR address of the Incorporator is:		<u>త్మి</u> ద్ర	
Name:	Anthony Herring		,	
Address:	429 Bayleaf Dr.			
	Kissimmee, FL 34759			
			and a second and a	
Having been no	imed as registered agent to accept service of gm familiar with and accept the appointme	of process for the above stated corpora out as resistened agant and agree to act	iiion at the place designated in	
inis cejujicaie, i	gm jamular wun unu uccepi ine appoinime	ni us regisiereu ugeni unu ugree io uci		
Keml	yes Steams		6-6-11	
Jane C	Required Signature/Registered Ap	vent	Date	
· /	Required Signature Registered Ap	gent	Dute	
	cument and affirm that the facts/stated he			
document to the	Department of State constitutes a third degr	ree felony as provided for in s.817.155,	F,S.	
			/ / _ 1	
	wy Jen	· · · · · · · · · · · · · · · · · · ·	6-6-11	
	Required Signature/Incorporate	or	Date	
_				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

SECRETARY OF STATE TALLAHASSEE, FLORIDA

May 31, 2011

ANTHONY HERRING 429 BAYLEAF DRIVE KISSIMMEE, FL 34759

SUBJECT: SOD WORKS, INC. Ref. Number: W11000029678

We have received your document for SOD WORKS, INC. and your check(s) totaling \$78.78. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 911A00013260