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

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

SUBJECT: BREAKING GROUND OF CENTRAL FLORIDA, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an original and one (1) copy of the art | ticles of incorporation and a check for: |
|--|--|
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate o Status ADDITIONAL COPY REQUIRED |
| FROM COPY I MARTIN | |
| FROM: CORY J. MARTIN Nam | e (Printed or typed) |
| 2030 MARTIN ROAD | Address |
| DOVER, FL 33527 | , State & Zip |
| 813-625-0278 Daytime | Telephone number |
| stella.se@verizon.net E-mail address: (to be use | ed for future annual report notification) |

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

ARTICLES OF INC

| In compliance with Chapter 60' | 7 and | |
|---|---|--|
| The name of the corporation shall be: | ID OF CENTRAL PLORID | A, INC |
| ARTICLE II PRINCIPAL OFFICE Principal street address 2030 MARTIN ROAD | SAME | ress, if different is: |
| DOVER, FL 33527 | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: GROUNDS MAINTENANCE | | |
| ARTICLE IV SHARES The number of shares of stock is:100 | | |
| Name and Title: CORY J. MARTIN, PRESIDENT | | |
| Address: 2030 MARTIN ROAD | | |
| DOVER, FL 33527 | | |
| Name and Title:Address: | Address: | |
| Name and Title:Address: | Address: | |
| ARTICLE VI REGISTERED AGENT | | |
| The name and Florida street address (P.O. Box NOT acceptabe Name: CORY J MARTIN Address: 2030 MARTIN ROAD DOVER, FL 33527 | ele) of the registered agent is: | MIZ JUL I |
| ARTICLE VII INCORPORATOR | | 9 - 0 F |
| The <u>name and address</u> of the Incorporator is: | | |
| Name: CORY J MARTIN Address: 2030 MARTIN ROAD DOVER, FL 33527 | | |
| Having been named as registered ligent to accept service of puthis certificate, I am familiar with and accept the appointment a | rocess for the above stated corpora is registered agent and agree to act | tion at the place designated in in this capacity |
| My date | · | 7/6/12 |
| Required Signature/Registered Agent | t . | Date |
| I submit this document and affirm that the facts stated herein document to the Department of State constitutes a third degree | | |

Required Signature/Incorporator