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(Re	equestor's Name)	
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SECHETARY OF STATE OF STATE OF CORPORATIONS

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COVER LETTER

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

SUBJECT:	DY LAWN	SERVICE	INC.		
(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 Filing Fee	□ \$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: XAVIER A. VOUNG Name (Printed or typed) 436 C 13th Avo					
Address					
BARTOW FL 33830					
863 409 8525 br 863 409 5851 Daytime Telephone number XAVXAV2 (At) VAH100 COM					
E-mail address: (to be used 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)

The name of the corpora	tion shall be: ADV 4	AWNSE	RVICE.	INC.
435 S. BARTOW			Mailing address, if different is:	
ARTICLE III PUR The purpose for which the	POSE the corporation is organized is:	AWN S	ER VICE	
				DIVISION OF THE TAX NOV -1
ARTICLE IV SHA The number of shares of	RES stock is: 10,000			CORPORATIONS CORPORATIONS
	435 S. 1042 A Bartow FL 3383	Name and Address:	Title:	A
Name and Title:		Name and Address:	Fitle:	A
Name and Title: Address	Al/A	Name and '	Fitle:	<i>H</i>

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box	NOT againship of the registered agent	in
1/Aurtra 1)	1. 042	15.
Name: XALLER H.	100/UC	U*
Address: 435 5. 10	7th Ave	SE DIVISE
BARTOW F	2 33830	SECRETARY SECRETARY VISION OF CO
		- CANE
ARTICLE VII INCORPORATOR		क रहिन्
The name and address of the Incorporator is:	. .	OF STATE ORPORATION
Name: XALTER H.	YOUNG	S2
Address: 435 S. 20	Oth Ave.	
BARTOW	EL 33830	
Having been named as registered agent to accep	t 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 ag	ree to act in this capacity
Varier a. You	-6	10-30-13
Mayur (1, Jan Required Signature/Re	gistered Agent	Date
I submit this document and affirm that the facts document to the Department of State constitutes of	stated herein are true. I am aware that third degree felony as provided for in s	nt the false information submitted in a
V. a. A.	/	
A Required Signature/I	ncorporator	10-30-13 Date

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