number (shown below) on the top and bottom of all pages of the document.

(((H14000257182 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name

: LAZARUS CORPORATE FILING SERVICE, INC

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmoil	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION

KNIGHT LAWN SERVICE INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

NOV - 5 2014

S. GILBERT

Electronic Filing Menu

Corporate Filing Menu

Help

#3940 P.002/004

H1400025718

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of KNONT LAWN Service of Doc# are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

ARTICLES OF INCORPORATION

H14000257182

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

ARTICLE I NAME: The name of the corporation is:	
Knight Lawn Service Inc	•
ARTICLE II PRINCIPAL OFFICE:	<u>. </u>
The principal street address and mailing address is: _\0325	Anu +1
MIAMI FL 33157	
	PH 12: 28
ARTICLE III SHARES: The number of shares of stock is: 100 •	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS: JIMMY Lee Knight (P)	
	_
	-
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRE	
The name and Florida street address (PO Box not acceptable) of the registered age	ent is:
10325 SW 177 ST	_
MIAMI FL 33157	
ARTICLE VI INCORPORATOR: The name and address of the Incorporate	or is:
Jimny Lee Knight	

Required Signatures:

Having been named as registered agent to accept 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 agree to act in this capacity

Megistered Agent Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Pate