Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 205-8842

Fax Number

: (850)878-5368

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

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Brightview Landscape Development, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Bri	ghtview Landscape Development, Inc.				
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)		
Enclosed are an	original and one (1) copy of the arti	cles of incorporation and	l a check for:		
□ \$70.0 Filing Fe	• • = • • •	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Status \$87.50 Filing Fee, Certified Co & Certificat Status PY REQUIRE	e of	
FROM:	Carolyn Silva Name	(Printed or typed)			
:	2275 Research Boulevard, 6th Floor		•		
-	A	ddress		•	
Rockville, Maryland 20850					
City, State & Zip					
· :	240-683-2016			15 NOV	
Daytime Telephone number					III car, pp. or .
c	carolyn.silva@brickmangroup.com			多 5	Guchana.
E-mail address: (to be used for future annual report notification)					
	NOTE: Please provide the ori	ginal and one copy of	the articles.		

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

TICLE IV SHARES 100 pumber of shares of stock in:	∑
ETICLE IV SHARES o number of shares of stock in: TICLE V INITIAL OFFICERS AND/OR DIRECTOR	∑
RTICLE V INITIAL OFFICERS ANDIOR DIRECTOR	∑
number of shares of stock in:	∑
TICLE V INITIAL OFFICERS AND OR DIRECTOR	
o number of shares of stock in: TIGLE V INITIAL OFFICERS ANDIOR DIRECTOR	
number of shares of stock in: TICLE V INITIAL OFFICERS ANDIOR DIRECTOR	
TICLE V INITIAL OFFICERS AND OR DIRECTOR	
RTICLE V INITIAL OFFICERS ANDIOR DIRECTOR	
	Mame and Title: Anthony Skarupa, Treasurer
Address 2275 Research Boulevard, 6th Floor	
Rockville, MD 20850	Rockville, MD 20850
Name and Title: Gens Ashe, Secretary	Name and Title:
Address 2275 Research Boulevard, 6th Floor	•
Rockviile, MD 20850	
Name and Title:	Name and Title;
Address	Address:

· · 11/11/2015 3:13:46 PM From: To: 8506176381(4/4)

Name	and Title: Name	e and Title:
Addre	Addr	ėss:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the reg	dstered agent is:
Name:	CT Corporation System	<u>-</u>
Address:	1200 South Pine Island Road	
	Plantation, FL 33324.	
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	•
	address of the Incorporator is:	
Name:	Gena Ashe	·
Address:	2275 Research Boulevard, 6th Floor	
	Rockville, MD 20850	
ARTICLE VIII	EFFECTIVE DATE:	
Effective date, i	other than the date of filing: date is listed, the date must be specific and cannot be mo:	(OPTIONAL) re than five business days prior or 90 business
Note: If the dat	ning.) s inserted in this block does not meet the applicable statutory effective date on the Department of State's records.	filing requirements, this date will not be listed as
Having been na this certificate, I	med as registered agent to accept service of process for the am familiar with and accept the appointment as registrited a CT Corporation System	forand agree to act in this capacity
Ву:	and Assistant	Secretary 1/5/15
-	Required Signature/Registered Agont	Date
I submit this do document to the	cument and affirm that the facts stated herein are true. I a Department of State constitutes a third degree felony as prov	m aware that the false information submitted in a ided for in e.817.155, F.S.
Ho.	ra & Croke	November 4, 2015
Requ	ired Signature/Incorporator	Date