

**P500092168**

Florida Department of State  
Division of Corporations  
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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  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Brightview Landscape Services, Inc.**

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

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

**SUBJECT:** Brightview Landscape Services, 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:** Carolyn Silva

Name (Printed or typed)

2275 Research Boulevard, 6th Floor

Address

Rockville, Maryland 20850

City, State & Zip

240-683-2016

Daytime Telephone number

carolyn.silva@brickmangroup.com

E-mail address: (to be used for future annual report notification)

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

FILED  
15 NOV 12 PM 2:56  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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

**ARTICLE I NAME**

The name of the corporation shall be: Brightview Landscape Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

2275 Research Boulevard, 6th Floor

Rockville, MD 20850

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Landscaping Services

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Mark Hjelle, President

Name and Title: Anthony Skarupa, Treasurer

Address: 2275 Research Boulevard, 6th Floor  
Rockville, MD 20850

Address: 2275 Research Boulevard, 6th Floor  
Rockville, MD 20850

Name and Title: Gena Asho, Secretary

Name and Title: \_\_\_\_\_

Address: 2275 Research Boulevard, 6th Floor  
Rockville, MD 20850

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System  
Address: 1200 South Pine Island Road  
Plantation, FL 33324.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gena Ashe  
Address: 2275 Research Boulevard, 6th Floor  
Rockville, MD 20850

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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  
C T Corporation System

By:

Required Signature/Registered Agent

Judith Arnold  
Vice President  
and Assistant Secretary

Date

11/15/15

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.

Gena Ashe  
Required Signature/Incorporator

November 11, 2015

Date