

P95000028792
TRANSMITTAL LETTER

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

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-04/10/95--01012--001
***131.25 ***131.25

SUBJECT: PRESTIGIOUS LAWN CARE, INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: SCOTT HAND
Name (printed or typed)

1914 BRILL DRIVE
Address

LUTZ, FL 33549
City, State & Zip

(813) 949-3590
Daytime Telephone number

4/12/95
TB

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

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

PRESTIGIOUS LAWN CARE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*1914 BRILL DRIVE
LUTZ, FL 33549*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*SCOTT HAND
1914 BRILL DRIVE
LUTZ, FL 33549*

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SCOTT HAND
1914 BRICE DRIVE
LUFKIN, TX 75901

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27th day of MARCH, 1995.

Scott Hand
Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

RECEIVED
FEB 17 1985
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: PRUDENTIAL LIFE INSURANCE CO. INC.

2. The name and address of the registered agent and office is:

SCOTT HAND

(Name)

1914 BRILL DRIVE

(P.O. Box not acceptable)

LOFT, FL 33549

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Scott Hand
(Signature)