

P95000031922

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224 8870  
Mailing Address: Post Office Box 10149, Tallahassee, FL 32302  
TOLL FREE No. 1 800 342 8062  
FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

RECEIVED  
APR 24 1995  
TALLAHASSEE, FL  
CAPITAL CONNECTION, INC.

W95-8713  
APR 24/95

REQUEST \_\_\_\_\_ TAKEN \_\_\_\_\_ CONFIRMED \_\_\_\_\_ APPROVED \_\_\_\_\_  
DATE \_\_\_\_\_  
TIME \_\_\_\_\_ CK No. \_\_\_\_\_  
BY AAK \_\_\_\_\_

WALK-IN Will Pick Up 727 1200

RE: the  
Off Payment Law  
Service, Inc.

	C.C. FEE.	DISBURSED
<input checked="" type="checkbox"/> Capital Express™		
<input checked="" type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> ( ) Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input type="checkbox"/> C U S-		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ( ) _____		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prop.		
<input type="checkbox"/> FAX ( ) _____ pgs.		
<b>SUBTOTALS</b>		

FEE.....	\$
DISBURSED.....	\$
SURCHARGE.....	\$
TAX on corporate supplies.....	\$
SUBTOTAL.....	\$
PREPAID.....	\$
BALANCE DUE.....	\$
	\$

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per Annum.

THANK YOU  
from  
Your Capital Connection



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

April 24, 1995

CAPITAL CONNECTION  
P.O. BOX 10349  
TALLAHASSEE, FL 32302

SUBJECT: OFF THE PAVEMENT LAWN SERVICE, INC.  
Ref. Number: W95000008713

We have received your document for OFF THE PAVEMENT LAWN SERVICE, INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

According to section 607.0202(1)(b) or 617.0202(1)(b), Florida Statutes, you must list the corporation's principal office, and if different, a mailing address in the document. If the principal address and the registered office address are the same, please indicate so in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Bundick  
Corporate Specialist

Letter Number: 495A00019200

*Corrected*

**ARTICLES OF INCORPORATION OF OFF THE PAVEMENT LAWN SERVICE, INC.**

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

**ARTICLE ONE  
NAME**

The name of the corporation is OFF THE PAVEMENT LAWN SERVICE, INC.

**ARTICLE TWO  
CORPORATE DURATION**

The duration of the corporation is perpetual.

**ARTICLE THREE  
PURPOSE OR PURPOSES**

The general purposes for which the corporation is organized are:

1. To engage in the business of Lawn Maintenance.
2. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

**ARTICLE FOUR  
CAPITALIZATION**

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be without par value.

**ARTICLE FIVE  
REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of the corporation is 14390 Pepperbush Road, Palm Beach Gardens, FL 33418, and the name of its initial registered agent at such address, is Bryan Hosack. The principal address and the registered office address are the same.

**ARTICLE SIX  
DIRECTORS AND OFFICERS**

The number of directors constituting the initial board of directors of the corporation is 2. They will be the officers of the corporation as indicated below. The name and address of each person who is to serve as a member of the initial board of directors and officers is:

Name

Address

Bryan Hosack, President

14390 Pepperbush Road, Palm Beach  
Gardens, FL 33418

BarbaraAnn Hosack, Secretary/  
Treasurer

14390 Pepperbush Road, Palm Beach  
Gardens, FL 33418

ARTICLE SEVEN  
INCORPORATORS

The name and address of each incorporator is:

Name	Address
<u>Bryan Hosack</u>	<u>14390 Pepperbush Road, Palm Beach Gardens, FL 33418</u>

Executed by the undersigned at P.P.B. FL. on  
April 19, 1995.

  
\_\_\_\_\_  
BRYAN HOSACK

STATE OF FLORIDA

COUNTY OF PAUM BEACH

BEFORE ME, the undersigned authority, this 19th day of  
April, 1995, personally appeared  
Bryan B. Hosack, who, upon being first duly sworn according  
to law, deposes and says that he executed the foregoing  
Articles of Incorporation and that it is true and correct to the  
best of his knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed  
the seal of my office in the County and State last aforementioned  
this 19th day of April, 1995.

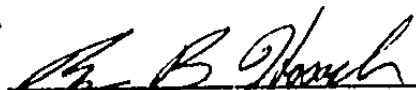
**NOTARY PUBLIC**  
**State of Florida at Large**

**(SEAL)**

Type of Identification Produced: \_\_\_\_\_

Having been named to accept service of process for the above-stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325 of the Florida General Corporation Act.

Dated April 19, 1995.

  
Bryan Hosack  
14390 Pepperbush Road  
Palm Beach Gardens, FL 33418

APR 19 1995  
55 APR 21 PM 3:17  
FALLS CHURCH VA 22034

P95000031922

(Requester's Name)

BARBARANN LARRABEE HOSACK  
P.O. BOX 210068  
ROYAL PALM BEACH, FLORIDA 33421-0068

OFFICE USE ONLY

900001575269

-09/01/95--01003--022

\*\*\*\*\*35.00 \*\*\*\*\*35.00

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

**FILED**  
95 AUG 31 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE  
DIRECTOR  
REVISION  
9-7-95

Examiner's Initials **DC**

Florida Department of State, Sandra B. Mortham, Secretary of State

**OFFICER / DIRECTOR RESIGNATION**

I, BARBARANN HOSACK, hereby resign as SECRETARY / TREASURER / DIRECTOR  
(Title)

of OFF THE PAVEMENT LAWN SERVICE, INC.

(Name of Corporation)

a corporation organized under the laws of the State of FLORIDA.

That the corporation has been notified in writing of the resignation.

Barbarann Sarah Hosack  
(Signature of resigning officer/director)

**FILED**  
95 AUG 31 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314