1201 HAYS STREET TALLAHASSEE, FL 32301 a. 904-222-9171 904-222-0393 FAX

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ACCOUNT NO. 1 0721000000032	
REFERENCE : 606116 154579A	
AUTHORIZATION :	
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CUSTOMER NO: 154579A	
CUSTOMER: Mr. David C. Dion DAVID C. DION	85 P
12003 Peony Court	
Tampa, FL 33635	
DOMESTIC FILING	2: 32 C: XIO
NAME: A. V. M. LAWN CARE, INCORPORATION	FILED PHOSE
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP	328, Sept. 11117
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	. [[95-1116]
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

CONTACT PERSON: Debbie Skipper EXAMINER'S INITIALS: MAY 2 6 1995 BSB

ARTICLES OF INCORPORATIONS MAY 26 PH 3: 18

OF SECRETARY OF STATE
TALLAHASSES, FLORIDA

A. V. M. LAWN CARE, INCORPORATED

The undersigned for the purpose of forming a corporation under the Florida Business Corporation Act hereby adopts the following Articles of Incorporation:

ARTICLE 1: NAME:

The name of this Corporation is:

A.V.M. LAWN CARE, INCORPORATED

ARTICLE 2: DURATION:

The term of existence of the Corporation is perpetual.

ARTICLE 3: PURPOSE:

This Corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the Florida Business Corporation Act.

ARTICLE 4: CAPITAL STOCK:

This Corporation is authorized to issue One Thousand (1000) shares of common stock, having a par value of One Dollar (\$1.00) per share.

ARTICLE 5: INITIAL REGISTERED OFFICE AND AGENT:

A. <u>Principal Place of Business</u>: The principal place of business and/or mailing address of this Corporation is 12003 Peony Ct., Tampa, Fla. 33635 and its registered office address is 12003 Peony Court, Tampa, Fla. 33635 .

B. <u>Registered Agent</u>: The name of the initial registered agent of this Corporation at that address is <u>David C. Dion</u>

ARTICLE 6: INCORPORATOR:

The name and post office address of the sole incorporator is:

____David C. Dion____

12003 Peony Court
Tampa, Fla. 33635

ARTICLE 7: INITIAL BOARD OF DIRECTORS:

This Corporation shall have one (1) director initially. The number of directors may be either increased or diminished from time to time by the Shareholders, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

Name David C. Dion Address

12003 Peony Court Tampa, Fla. 33635

ARTICLE 8: INDEMNIFICATION:

The Corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE 9: AMENDMENT:

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 22 day of May , 1995.

David C. Dion Incorporator

CHRTIFICATE

Designating Place of Business or Domicile for the Service of Process Within Florida, Naming Agent Upon Whom Process May be Served

In compliance with Section 48.091, Florida Statutes, the following is
submitted with respect to this corporation's replacement Registered
Agent:
That <u>David C. Dion</u> , desiring to organize or
qualify under the laws of the State of Florida, with its place of
business at 12003 Peony Court , City of <u>Tampa</u> , State of
Florida, has named <u>David C. Dion</u> , located at 12003 Peony Ct.,
City of, State of Florida, as its agent to accept
Signature find Signature find Signature fittle: Incorporator Date: 5-23-15-15-15-15-15-15-15-15-15-15-15-15-15-
stated Corporation, at the place designated in this Certificate, I
hereby agree to act in this capacity, and I further agree comply
with the provisions of all statutes relative to the proper and
Signature: David C. During Registered Agent Date: 5-22-95, 1995

STATE OF FLORIDA COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this 22 day of FRAL, 1995, by MINCHALL, as incorporator of 1900 KINK ARE, a Florida corporation to be formed, who is personally known to me, or who has produced a valid Florida State Driver's License as identification.

Signature

WILIN,

Print or Type Name of Notary Notary Public-State of Florida My Commission Expires:

(SEAL)

