

P95000058456

Ms. ELDREDGE,

I HAVE ENCLOSED THE ARTICLES OF
INCORPORATION WITH THE CHANGES YOU INDICATED.

I AM ALSO REQUESTING A REFUND OF
OVERPAYMENT OF FILING FEES. ANY REFUNDS
OR ANY MAILINGS SHOULD BE SENT TO:


JERRY R BURGESS
5026 30TH ST. W.
BRADENTON, FL. 34207
(941) 798-9643 WORK
(941) 755-1491 HOME

8000001548688
-06/18/95 -00003 -040
++++50.00 +++++50.00

THANK YOU SO VERY MUCH FOR ALL YOUR HELP
WITH THIS. IT IS VERY REFRESHING TO FIND
SOMEONE THAT IS WILLING TO HELP AS YOU
HAVE DONE. I COULDN'T HAVE DONE THIS WITHOUT
YOU.

7000001534167
-07/11/95 -01021 -005
++++285.00 +++++285.00

F E I #

THANK YOU,

JERRY BURGESS

82 7/28

APPLICATION FOR REFUND FROM STATE OF FLORIDA

Pursuant to the provisions of Section 215.26, Florida Statutes, I hereby apply for a refund and request that a State Warrant be drawn in favor of:

Name: JERRY R. BURGESS

Address: 5026 10th ST. W.

BRADENTON, FL 34201

Amount: \$212.50

which represents moneys I paid into the State Treasury subject to refund, and to substantiate such claim the following facts are submitted:

Person for Claim:

OVER PAYMENT OF FEES TRI-COUNTY TURF MANAGEMENT, INC. (P95000058456)

Section: NEW FILING Clerk: BE Date Processed: 7/31/95

CERTIFIED TRUE AND CORRECT this _____ day of _____, 19____.

SEE ATTACHED

Signature

(FOR AGENCY USE ONLY)

(1) Agency recommends denial of above claim based on the following facts, including statutory authority for collection: _____

(2) Agency recommends approval of above claim and submits the following information to substantiate such claim.
The amount recommended \$ 212.50

The amount requested above was originally deposited into the State Treasury.
State Treasurer's Receipt # 01021 005, Dated 7/11/95.

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 0 0 0 1 0 0 0 0

Statutory Authority for Collection 607.0122

It is requested that payment be made from:

NAME OF ACCOUNT:

SAMAS ACCOUNT CODE

4 5 2 0 2 1 3 0 0 0 1 4 5 3 0 0 0 0 0 0 0 0 2 2 0 0 0 0 0 0

Certified True and Correct this _____ day of _____, 19____.

Dept. of State, Div. of Corporations
Agency

Authorized Signature and Title

Section 215.26 states, in part: "Application for refund as provided by this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is interpreted as meaning three years from the date of payment into the State Treasury.

EFFECTIVE DATE
8-1-95

ARTICLES OF INCORPORATION
OF
TRI-COUNTY TURF MANAGEMENT, INC.

FILED

95 JUL 28 PM 1:00

SECRETARY
FILE

The undersigned, acting as incorporator of Tri-County Turf Management, Inc., under the Florida General Corporation Act, adopts the following Articles of Incorporation.

ARTICLE I. NAME

The name of the corporation is: Tri-County Turf Management, Inc.

ARTICLE II. PRINCIPAL OFFICE

The address of the corporation's principal place of business and the mailing address of the corporation shall be: 4550 Timber Lane, Bradenton, Florida, 34201.

ARTICLE III. COMMENCEMENT OF EXISTENCE

This corporation shall exist perpetually and shall commence on 8-1-95 after the filing of these Articles of Incorporation by the Department of State, State of Florida.

ARTICLE IV. PURPOSE

This corporation is formed for all lawful objects and purposes and may engage in any activity or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE V. AUTHORIZED SHARES

The maximum number of shares that the corporation is authorized to have outstanding at any time is 5,000 shares of common stock having no par value. The consideration to be paid for each share shall be fixed by the shareholders, and may be paid in whole or in part in cash or other property, tangible or intangible, or in labor or services actually performed for the corporation with a value, in the judgment of the shareholders, equivalent to or greater than the full par value of the shares.

ARTICLE VI. MANAGEMENT BY SHAREHOLDERS

This corporation shall have no Directors. All powers of the corporation shall be exercised by or under the authority of, and the business and affairs of the corporation shall be managed under, the direction of the shareholders rather than a board of directors. The shareholders shall be deemed directors when required by the context of any law or bylaw. The name and street address of the original shareholders are:

<u>Name</u>	<u>Address</u>
<u>Jerry R. Burgess</u>	<u>3603 59th Ave Dr. West</u> <u>Bradenton, Florida 34210</u>
<u>William T. Robbins</u>	<u>RT 2 Box 219 W</u> <u>Wauchula, Florida 33973</u>

ARTICLE VII. INITIAL REGISTERED OFFICE AND AGENT

The name of the corporation's initial registered agent shall be Jerry R. Burgess. The street address of the initial registered office of the corporation shall be:

4550 Timber Lane
Bradenton, Florida 34201

VIII ARTICLE VIII. INCORPORATION

The name and street address of the incorporator is:

Jerry R. Burgess
3603 59th Avenue Drive West
Bradenton, Florida 34210

The incorporator of the corporation assigns to this corporation his rights under Section 607.161, Florida Statutes, to constitute a corporation, and he assigns to those persons

designated by the shareholders any rights he may have as incorporator to acquire any of the capital stock of this corporation, this assignment becoming effective on the date corporate existence begins.

ARTICLE IX. BYLAWS

The shareholders, by vote of a majority of the outstanding shares entitled to vote, may establish, alter, amend, or repeal these bylaws.

ARTICLE X. AMENDMENTS

The corporation reserves the right to amend, alter, change, or repeal any provision in these Articles of Incorporation in the manner prescribed by law, and all rights conferred on shareholders are subject to this reservation.

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles this 12 day of October, 1995.

Name of Incorporator

STATE OF FLORIDA)
COUNTY OF MANATEE)

On this 12 day of July, 1995, before me, a Notary Public, the undersigned officer, personally appeared _____, who produced _____, as identification and acknowledged that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal.

NOTARY PUBLIC, STATE OF FLORIDA



DESIGNATION OF REGISTERED AGENT

Pursuant to Chapter 48.091, Florida Statutes, the following is submitted:

That Tri-County Turf Management, Inc., which has its initial principal office at 4550 Timber Lane, Bradenton, Florida 34201, and which desires to organize under the laws of the State of Florida, has named Jerry R. Burgess, located at 4550 Timber Lane, Bradenton, Florida 34201 as its agent to accept service of process within this State.

ACKNOWLEDGEMENT:


Having been named to accept service of process for the corporation named above, at the place designated in this certificate, I agree to act in that capacity and to comply with the provisions of the Florida General Corporation Act relative to keeping open the registered office.

(Registered Agent)

FILED
95 JUL 28 PM 1:00
SECRET
TALLAHASSEE

SPECIAL PROVISION

IT IS THE INTENT OF ^{THE SHAREHOLDERS} ~~THE CORPORATION~~ TO INCORPORATE THIS CORPORATION AS A SUBCHAPTER S CORPORATION, AND THAT ALL THE SHAREHOLDERS HAVE GIVEN CONSENT TO THIS STATUS.


REGISTERED AGENT



P95000058456

FLORIDA DEPARTMENT OF STATE

August 10, 1995

Sandra B. Mortham
Secretary of State

Michele J. Davis
1110 Montezuma Dr.
Bradenton, FL 34209

SUBJECT: TRI-COUNTY TURF MANAGEMENT, INC.
Ref. Number: P95000058456

Debit Memo #: 60286-C

41000015630004
08/17/95-00017-002
***** 35.00

This is to inform you that your check #1029 dated July 5, 1995 in the amount of \$285.00 and submitted for TRI-COUNTY TURF MANAGEMENT, INC. has been returned to us by your bank because of Payment Stopped.

We request that you remit a cashier's check or money order in amount of \$300.00 made payable to the Department of State. This amount will cover the unpaid check and the service fee required by law under section 215.34, Florida Statutes.

When sending the cashiers check or money order, please indicate the debit memo number and that it is a replacement for the returned check mentioned above.

Please note: The documents filed in this office with the returned check will be cancelled unless a replacement check is received within 30 days from the date of this letter. Send the replacement check to:

Division of Corporations
Attn: Melinda Lilliston
P.O. Box 6327
Tallahassee, FL 32314

If you have any questions concerning the returned check, please call (904) 487-6900.

Sincerely,
Melinda Lilliston
Administrative Assistant I
Division of Corporations

Letter number: 195A00037476

cc: Tri-Coun'y Turf Management, Inc.
4550 Timber Lane
Bradenton, Florida 34201