Hoffmeier Accounting & Jax Service, Inc. 5101 N.W. 21st Avenue, Suite 200, Fort Louderdale, Florida 33309

Phone (305) 738-8770 - Fax (305) 733-9220 7455

STATE OF FLORIDA DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FLORIDA 32314

> 800001694748 -01/22/96--01059--020 ****122.50 ****122.50

GENTLEMEN:

ENCLOSED PLEASE FIND ARTICLES OF INCOPORATION FOR AMLAWN SERVICES, INC., ALONG WITH A CHECK IN THE AMOUNT OF \$122.50, TO COVER THE FILLING COST OF THIS CORPORATION.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTANCT US AT THE ABOVE ADDRESS OR PHONE NUMBER

LISA J DARBRO

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ACCOUNTING

BOOKKEEPING

TAX SERVICES

FINANCIAL STATEMENTS

ARTICLES OF INCORPORATION

OF

SUPERIOR OF STATE CONTROL OF STATE OF S

AMLAWN SERVICES, INC.

ANLAWN SERVICES, INC.

THE UNDERSIGNED SUBSCRIBER TO THESE ARTICLES OF INCORPORATION IS
A NATURAL PERSON, COMPETENT TO CONTRACT, ASSOCIATED TO FORM A
CORPORATION FOR PROFIT UNDER THE LAWS OF THE STATE OF FLORIDA: AND
FURTHER AGREES TO THE FOLLOWING CONDITIONS OF SAID CORPORATION.

ARTICLE I: NAME

THE NAME OF THE CORPORATION IS: AMLAWN SERVICES, INC.

ARTICLE II: NATURE OF BUSINESS

THE GENERAL NATURE OF THE BUSINESS AND THE OBJECTS AND PURPOSES PROPOSED TO BE TRANSACTED BY THE CORPORATION, AND THE POWERS AND PRIVILEGES TO BE EXERCISED BY IT SHALL INCLUDE ALL POWERS THAT ARE GIVEN TO THE BODIES CORPORATE UNDER THE STATUTES OF THE STATE OF FLORIDA, AND THE LAWS OF THE UNITED STATES, TOGETHER WILL ALL RIGHTS POWERS AND PRIVILEGES INCIDENT THERETO.

ARTICLE III: CAPITAL STOCK

THE CAPITAL STOCK OF THE CORPORATION SHALL CONSIST OF ONE HUNDRED (100) SHARES OF A PAR VALUE OF ONE (\$1.00) DOLLAR EACH, WHICH STOCK SHALL BE PAID FOR IN CASH, REAL OR PERSONAL PROPERTY OR IN SERVICES. THE VALUE OF EACH SUCH REAL OR PERSONAL PROPERTY OR SERVICES SHALL BE FIXED BY THE BOARD OF DIRECTORS OF SAID CORPORATION, AND THE STOCK SHALL BE ISSUED ON THE VALUE SO FIXED. ALL STOCK SHALL BE FULLY PAID FOR AND NON-ASSESSABLE.

ARTICLE IV: TERM OF EXISTENCE

THIS CORPORATION SHALL HAVE PERPETUAL EXISTENCE UNLESS IT BE DISSOLVED BY ACTION OF LAW.

ARTICLE V: PLACE OF BUSINESS INITIAL REGISTERED OFFICE INITIAL REGISTERED AGENT

THE INITIAL REGISTERED OFFICE AND PLACE OF BUSINESS OF THIS CORPORATION IN THE STATE OF FLORIDA IS:

PLACE OF BUSINESS

4485 & W 67TH TERRACE DAVIE, FLORIDA 33314

REGISTERED OFFICE

4485 S W 67TH TERRACE DAVIE, FLORIDA 33314

THE INITIAL REGISTERED AGENT IS:

ROBERT A JAMES
4485 S W 67TH TERRACE
DAVIE, FLORIDA 33314

ARTICLE VI: DIRECTOR

THIS CORPORATION SHALL HAVE ONE DIRECTOR INITIALLY. THE NUMBER OF DIRECTORS MAY BE CHANGED FROM TIME TO TIME AS THE STOCKHOLDERS

DESIRE, IN ACCORDANCE WITH THE BY-LAWS HEREOF.

ARTICLE VII: INITIAL DIRECTORS

THE NAME AND STREET ADDRESS OF THE FIRST BOARD OF DIRECTORS IS AS FOLLOWS:

NAME ROBERT A JAMES ADDRESS
4485 S W 67TH TERRACE
DAVIE, FLORIDA 33314

ARTICLE VIII: SUBSCRIBERS

THE NAME AND STREET ADDRESS OF THE SUBSCRIBERS TO THESE ARTICLES OF INCORPORATION IS AS FOLLOWS:

NAME ROBERT A JAMES ADDRESS
4485 S W 67TH TERRACE
DAVIE, FLORIDA 33314

ARTICLE IX: AMENDMENT

THESE ARTICLES OF INCORPORATION MAY BE AMENDED IN THE MANNER PROVIDED BY LAW. EVERY AMENDMENT SHALL BE APPROVED BY THE BOARD OF DIRECTORS, PROPOSED BY THEM TO THE STOCKHOLDERS, AND APPROVED AT A STOCKHOLDERS MEETING BY A MAJORITY OF THE STOCKHOLDERS.

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			Robu	18) <u>む〜〜</u>	0			(SEAL)



I, ROBERT A JAMES, THE UNDERSTONED DO ACKNOWLEDGE THAT I AM
FAMILIAR WITH THE DUTIES AND RESPONSIBILITIES AS A REGISTERED AGENT FOR A
CORPORATION, AND AS SUCH, DO HEREBY ACCEPT AS REGISTERED AGENT FOR

AMLAWN SERVICES, INC

Robert Jan

STATE	OF	FLORIDA	

COUNTY OF BROWARD

T HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NAMED TO TAKE ACKNOWLEDGEHENTS, PERSONALLY APPEARED

ROBERT A JAMES

TO ME KNOWN TO BE THE PERSON DESCRIBED AS SUBSCRIBER IN AND WHO DID EXECUTE THE FOREGOING ARTICLES OF INCORPORATION.

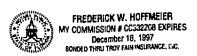
WITNESS MY "AND AND OFFICIAL SEAL THIS 10-th DAY OF

JANUARY, 1994.

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MY COMMISSION EXPIRES:



STATE OF FLORIDA

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COUNTY OF BROWARD

I HEREBY CERTIFY THAT ON THIS DATE, BEFORE ME, A NOTARY PUBLIC, DULY AUTHORIZED IN THE STATE AND COUNTY ABOVE NATIONAL TO TAKE ACKNOWLEDGEMENTS, PERSONALLY APPEARED

ROBERT A JAMES

TO ME KNOWN TO BE THE PERSON DESCRIBED AS REGISTERED AGENT AND WHO DID HEREBY ACCEPT AS REGISTERED AGENT.

WITNESS MY HAND AND OFFICIAL SEAL THIS WITH DAY OF

NOTARY PUBLIC - STATE OF FLORIDA

MY COMMISSION EXPIRES:

