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

TLC.

SUBJECT: TROPICAL LAWN CARE AND LANDS CAPING MAINTENANCE INC.

(Proposed corporate name - must include suffix)

W96-23560

enciosed is an original a	and one(1) copy of the ar	ticles of incorporation an	a a check for :
	a.	· · · · · · · · · · · · · · · · · · ·	
☐ \$70.00	PA 578 75	□\$122.50	T \$121.25

Filing Fee

Filing Fee & Certificate

Filing Fee & Certified Copy Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: MABILIN ROSI MANNING RESINALDO CLIVEIRA REGO.
Name (Printed or typed)

15341 SW 832 COURT

396 MIAMI FLA, 33157
City, State & Zip

500001994335--1 -11/01/96--01081--014 \*\*\*\*\*78.75 \*\*\*\*\*78.75

ł.

305 - 378 63 96

Daytime Telephone number

PHONE #5 Where I can be REGO REGO

1- HOME - 305-3786396

2. Business - 305 - 252 TO 35 x 2195

13- Basser # - 305-806 OGF4



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

November 6, 1996

MABILIN ROSI MANNING / REGINALDO OLIVEIRA REGO 15341 S.W. 83RD COURT MIAMI, FL 33157

SUPJECT: TLC - TROPICAL LAWN CARE AND LANDSCAPING

MAINTENANCE INC.

Ref. Number: W96000023560

We have received your document for TLC - TROPICAL LAWN CARE AND LANDSCAPING MAINTENANCE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Florida Law allows only one registered agent per corporation, please select one and make the neccesary corrections. The registered agent designated must sign the acceptance.

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) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 496A00050933

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

SUBJECT:		1120PILAWN	CARE	AND	LANDSCAPING	MAINTENANCE	INC
	-	(Proposed corporate name - must include suffix)					

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

\$78.75

Filing Fee

Amc 12/96

Filing Fee

& Certificate

**S122.50** 

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	MABILIN	ROSI	MANNING	REGO
			Name (Printed or	tuned)

15341 SW 83<sup>2</sup> CoveT Address MIAMI FLA, 33157 City, State & Zip

305 - 378 63 96

Daytime Telephone number

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



# FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 13, 1996

MABILIN ROSI MANNING REGO 15341 SW 83RD COURT MIAMI, FL 33157

SUBJECT: TROPILAWN CARE AND LANDSCAPING MAINTENANCE INC. Ref. Number: W96000026250

PTROPILAWNS)

We have received your document for TROPILAWN CARE AND LANDSCAPING MAINTENANCE INC., however, upon receipt of your document no check or enclosed. Please send a check or money order payable to the Departme State for \$78.75.

The document must state the number of shares of authorized stock.

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) 487-6923.

Doris McDuffie Corporate Specialist Supervisor

Letter Number: 596A00055778

Letter Number: 596A0005778

Let

## 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.

CARE AND LANDSCAPING MAINTENANCE INC. The name of the corporation shall be:

PRINCIPAL OFFICE ARTICLE II

The principal place of business and mailing address of this corporation shall be: 15341 SW 832 COURT
MIAMI FLORIDA 33157

SHARES **ARTICLE III** 

The number of shares of stock that this corporation is authorized to have outstanding at any one time 10 shares

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

MABILIN MANNING REGIO 15341 SW8310 COUNT. MIAMI FLORIDA 33157

See instructions for officers/directors The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MABILIN ROSI MANNING REGO 15341 SW 83 - CONST

MIAMI FLA 33157 The undersigned incorporator(s) has(have) executed these Articles of Incorporation this day of OCTORER, 19 96. (An additional article must be added if an effective date is requested.) Signature

### Notarization is not required

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:	TROPILAWNS CARE
	AND LANDSCAPING MAINTENANCE IN
2. The name and address of the regis	stered agent and office is:
MABI	LIN Q. IVIANNING REGO
15341 SU	LIN A. IVIANNING REGO (NAME)  (NAME)
MIA	MI FLA 33157 (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.

Lalilin Swei Janny (DATE) (SIGNATURE) Janny (DATE)