TRANSMITTAL LETTER 47000000730

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

Beneficial lawncape INC.

(Proposed corporate name - must include suffix)

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

□ \$70.00 Filing Fee

Filing Fee

\$122.50 Filing Fee

& Certified Copy

\$131.25

& Certificate

Filing Fee, Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: WILLIAM THOMAS PLOPICS
Name (Printed or typed)

800002050938---5 -01/08/97--01072--020 *****78.75 *****78.75

2806 Reo W. #1

LAKE WORTH, FLORIDA, 33461
City, State & Zip

541-944-4338

Daytime Telephone number

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.

ARTICLE I NAME

The name of the corporation shall be:

Beneficial LAWNCARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2806 Reo Lu. #1 Lake Worth, FL 33461

ARTICLE III SHARES

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

FIFTY (50)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

William Thomas Peoples 5806 Reo LANC # 1 Lake Worth Floring 33461

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

WILLIAM THOMAS Peoples 2406 Reo Lane #1 Lake Worth Florida 33461

The unde	ersigned in	corporator(s) l	nas(have) exec	uted these Art	ricles of Incorporation	this
0.5	•	JANU	ARM	97	ticles of Incorporation	
<u> Da</u>	day of			, 19_	<u> </u>	

(An additional article must be added if an effective date is requested.)

William T.	Signature Signature
	Signature
	Signature

Notarization is not required

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 Beneficial Jawness	e inc.
2. The name and address of the registered agent and office is:	97.
William THOMAS PLOPICS	### -3
QBOW PLO LANC #1 (P. O. Box of Mail Drop Box NOT ACCEPTABLE)	AH 8: 47
LAKE WORTH FLORIDA 3346	

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.

William T. Proples (Date)