P97000023123

SUBJECT: SAFARI CAWN CARE INC.
(Proposed corporate name · must include suffix)

TRANSMITTAL LETTER

97 MARTH 1410: 02

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

> 800002113568---8 -03/14/97--01020--015 ****122.50 ****122.50

Enclosed is an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$122.50 \$131.25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate Certified Copy & Certified Copy & Certificate Additional Copy Required FROM:

10845 Phillips Highway (U.S.1)
Address

Secksoville FP 31256
City, State & Zip

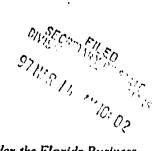
(904) 2-60-9947

Daytime Telephone number

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

III





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:

SAFREI LAWN CARE INC.

ARTICLE II PRINCIPAL OFFICE

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

Jacksonville, Fl. 3+256

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

61EN E. FRIESE
10845 PHICIPS HiGHWAY (U.S. 1)
Jackseville & P 31256

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):

CLEN EDWIN FRIESE - PRESIDENT

Richard Darren Reaman _ Sec/ THESURER

10845 Phillips Highway (u.s.)

Jacksonville, FP 32756

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14 day of Marcell , 19 9 7

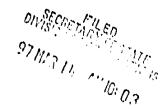
Men Edwin Druse
Signature

Signature

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:	SAFARI LAWN CARE INC.

2. The name and address of the registered agent and office is:

GLEN EDWIN FRIESE (NAME)
(Name)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
Jackson ville El 32 r 5 6

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.

Signature) Cres. 3-14-97 (DATE)