

P97000033956

TRANSMITTAL LETTER

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

SUBJECT: COMPLETE LAND CARE, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50 .

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-04/14/97--01019--019
****122.50 ****122.50

FROM:

SHANE R. KARLSON

Name (printed or typed)

16148 BOYETTE RD.

Address

RIVERVIEW, FL 33569

City, State, & Zip

(813) 685-8499

Telephone Number

FILED
97 APR 14 PM 2:37
SEC. OF CORP. DIV.
TALLAHASSEE, FL 32314

Note: Please provide the original and one copy of the Articles.

APR 15 1997
[Signature]

97 APR 14 PM 2:37
FILED
SECRET
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

COMPLETE LAND CARE, INC.

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:

COMPLETE LAND CARE, INC.

ARTICLE II PRINCIPAL OFFICE

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

16148 BOYETTE RD.
RIVERVIEW, FL 33569

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SHANE R. KARLSON
16148 BOYETTE RD
RIVERVIEW, FL 33569

ARTICLE V INCORPORATOR(S)

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

SHANE R. KARLSON
16148 BOYETTE RD.
RIVERVIEW, FL 33569

TARA L. KARLSON
16148 BOYETTE RD
RIVERVIEW, FL 33569

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

10th day of APRIL, 19 97.



Signature



Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: COMPLETE LAND CARE, INC.

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

SHANE R. KARLSON

(NAME)

16148 BOYETTE RD.

(P.O. BOX NOT ACCEPTABLE)

RIVERVIEW, FL. 33569

(CITY/STATE/ZIP)

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FLORIDA

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

Shane R. Karlson

DATE

4-9-97