

P970000034874

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

SUBJECT: The Lawn Doctors, Inc.
(Proposed corporate name - must include suffix)

000002153850--9
-04/24/97--01080--015
****131.25 ****131.25

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM:

Susan Blastic

Name (printed or typed)

4012 S. W. Carlile Street

Address

Port St. Lucie, FL 34953

City, State & Zip

561-840-4659

Daytime Telephone number

FILED
97 APR 17 AM 10:05
TALLAHASSEE, FLORIDA
SECRET

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

968 m
APR 18 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

April 10, 1997

SUSAN BLASTIC
4012 S.W. CARLILE STREET
PORT ST. LUCIE, FL 34953

SUBJECT: THE LAWN DOCTORS, INC.
Ref. Number: W97000008396

We have received your document for THE LAWN DOCTORS, INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

The corporate fees are as follows:

CORPORATIONS FILING FEES

**Profit and NonProfit
Florida & Foreign Corp.**

Filing Fees	\$35.
Registered Agent Designation	\$35.
Certified Copy	\$52.50
Total Fee Due	\$122.50

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) 487-6933.

Dana Calloway
Document Specialist

Letter Number: 297A00018154

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:

TREASURE COAST LAWN DOCTORS, INC.

ARTICLE II PRINCIPAL OFFICE

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

434 S.W. Jeanne Ave.

Port St. Lucie, FL 34953

ARTICLE III SHARES

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

100 shares of Common Stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Susan Blastic

4012 S. W. Carlile Street

Port St. Lucie, FL 34953

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

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

Janet L. Bew
4012 S.W. Carlile Street
Port St. Lucie, FL 34953

Craig R. Mathews
434 Jeanne Ave.
Port St. Lucie, FL 34953

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

Seventh day of April, 1997.

Janet L. Bew Signature

Craig R. Mathews Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 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.

TREASURE COAST LAWN DOCTORS, INC.

1. The name of the corporation is: ~~The Lawn Doctors, Inc.~~

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

Susan Blastic

(Name)

4012 S.W. Carlisle Street

(P.O. Box not acceptable)

Port St. Lucie, FL 34953

(City/State/Zip)

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SECRETARY OF STATE

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.

Susan Blastic

(Signature)

4/7/97

(Date)