

P91000049592

TRANSMITTAL LETTER

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

97 JUN -3 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F I L E D

SUBJECT: LAWN CRAFTERS, INC  
(Proposed corporate name - must include suffix)

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

S 78.75

7000002199327-7  
-06/03/97-F01030--027  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Filing Fee &  
Certificate

FROM: PHILIP SLONE  
Name (printed or typed)

6513 ALBERMARLE PKWY  
Address

NEW PORT RICHEY, FL 34653  
City, State & Zip

(813) 846-1432  
Daytime Telephone Number

NOTE: PLEASE PROVIDE THE ORIGINAL AND ONE COPY OF THE ARTICLES.

B. MONSTER JUN 5 1997

ARTICLES OF INCORPORATION

FILED  
97 JUN -3 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

LAWN CRAFTERS, INC.

ARTICLE II PRINCIPAL OFFICE

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

6513 ALBERMARLE PKWY  
NEW PORT RICHEY, FL 34653

ARTICLE III SHARES

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

500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PHILIP SLONE  
6513 ALBEMARLE PKWY  
NEW PORT RICHEY, FL 34653

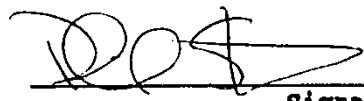
ARTICLE V INCORPORATOR(S)

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

PHILIP SLOWE  
6513 ALBERMARLE PKWY  
NEW PORT RICHEY, FL 34653

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

28TH day of MAY, 1997.



\_\_\_\_\_  
Signature

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED  
97 JUN 3 AM 10:52  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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.

1. The name of the corporation is: LAWN CRAFTERS, INC.

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

LAWN CRAFTERS, INC.  
(Name)

6513 ALBERMARLE PKWY.  
(P.O. Box not acceptable)

NEW PORT RICHEY, FL 34653  
(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.

  
\_\_\_\_\_  
Signature

5/28/97  
\_\_\_\_\_  
Date