Department of State Of Contract of State Of Contrac

Division of Corporations P. O. Box 6327 Tällahassee, FL 32314

SUBJECT:	Lawn.	Enterprises	工介C。 rate name - must include suff	īx)	- .
, 75			90	00023884 -01/02/98010 ****122.50 *	89 — 176—01 ***122
Enclosed is an o	riginal and one	e(1) copy of the article	s of incorporation and a c	heck for :	
□ \$70. Filing F		\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	☐ \$131.25 Filing Fee, Certified Copy & Certificate	
			ADDITIONAL COPY REQUIRED		
FR	<u> P.O</u>	. Box 284	Address	SECRETAR SEE, FL	
	Ma	rco Island	, FL. 3412 State & Zip	16 BA 2	
		GUI _ 204-		Α΄ Θ	

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

Daytime Telephone number

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Lawn Enterprises, Inc.



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

P.O. BOX 284 Marco Island, FL. 34146

ARTICLE III SHARES

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

200

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Bruce Canfield 110 June Court Marco Island, FL. 34145

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Bruce Canfield P.O. Box 284 Marco Island, Fl. 34146

Signature/Incorporator

12/29/97 Date

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

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/Registered Agent

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Date