P98 CRASMITALETRO 6372

(Proposed corporate name - must include suffix)

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

SUBJECT:

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Enclosed is an original \$70.00 Filing Fee	and one(1) copy of the articles \$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	Filing Fee, Certified Capy	98 JAN 20
FROM: _	DAMO AUTEDRITH Name Pr	ADDITIONAL CO	OPY REQUIRED STATE ORIDA	PM 2: 29
-	3407 SE 380 Ca	ンドフ ddress		
	BOYNTON BEACH, F.	33435 State & Zip	<u>. ,</u>	
561 - 734 - 8365 Daytime Telephone number				

CUTTING EDGE CAMB & CAMOSCAPE, INC.

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

ARTICLES OF INCORPORATION

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

ARTICLE I	NAME
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The name of the corporation shall be:

CUTTING EDGE LAWN & LANDSCAPE, INC.

ARTICLE II PRINCIPAL OFFICE

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

3407 SE 350 COUT BOYNDU TREACH, FL 33435

ARTICLE III SHARES

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

ODE HUNDRED (100)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DAVIO AUTEDIOETH 3407 SE 300 Court BOYUTON KEACH, FC 33435

ARTICLE V INCORPORATOR

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

DAVID AUTEDRITH 3407 SE 340 COURT BOYUTON REACH, FE 33435

Signature/Incorporator

 $\frac{11/15/97}{1}$ 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

Date