P98000045128

___MAY 8, 1998____ (DATE)

SECRETARY OF STATE DIVISION OF CORPORATIONS P. O. BOX 6327 TALLAHASSEE. FL 32314

SUBJECT:__PETE BRADY'S PROFESSIONAL LAWN CARE, INC.
INC.______
(Proposed corporate name-must include suffix)

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

X \$70.00 \$78.50 \$122.50 \$131.25

Filing Fee Filing Fee Filing Fee, & Certificate Copy & Certificate

If you have any questions regarding this corporation, please call.



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:

PETE BRADY'S PROFESSIONAL LAWN CARE, INC.

98'HAY 16 PH 2: 34 SEGNETARY STATE TALLAHASSEE, FLORID

ARTICLE II - PRINCIPAL OFFICE

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

____5652 4TH AVENUE NORTH____ ST._PETERSBURG,FLORIDA 33710____

ARTICLE III - SHARES

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

ONE THOUSAND (1000) ____

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

_PETER A. BRADY_____

_5652 4TH AVENUE NORTH____

_ST. PETERSBURG, FL 33710____

ARTICLE V - INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):	
(NAME)PETER A. BRADY	
(ADDRESS)_5662 4TH AVENUE NORTH	
(CITY)ST. PETERSBURGFLORIDA(ZIP)33710	
(NAME)JANICE B. BRADY	
(ADDRESS)_5662 4TH AVENUE NORTH	
(CITY)ST. PETERSBURGFLORIDA(ZIP)33710	
(NAME)	
(ADDRESS)	
(CITY)FLORIDA(ZIP)	
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this_ 1ST day of MAY, 1998	
Signature 5	
Signature Signature	
Signature	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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:
	PETE BRADY'S PROFESSIONAL LAWN CARE, INC
2.	The name/address of the registered agent and office is:
	PETER A. BRADY(Name)
	5652 4TH AVENUE NORTH
	(Street Address)
	ST. PETERSBURG, FL 33710
	(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) (DATE)

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