Form C. Transmitta Centre of the OO 94983 TRANSMITTAL LETTER

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

Tallahassee, FL 323	314		
SUBJECT: <u>Gri</u>	Hin Landson (Proposed corporate	Caping, Inco name – must include su	rporated
Enclosed is an origin	nal and one (1) copy	of the articles of inco	prporation and a check
570.00	\$78.75	\$122.50	\$131.25
Filing Fee	Filing Fee & Certificate	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate
Please return the pho	otocopy to me with t	the filing date stampe	d on it.
		9	000026835695 -11/09/9801126010 ************************
FROM:		ric Griffin orinted or typed)	
	124 D	<u>es Pinar Lang</u> Address	<u> </u>
	<u>Langua</u>	od, Florida State & Zip	
,	Daytime To	834-7896 elephone Number	FILED STATES OF STATES OF CORPORATE TARY OF CORPORATE STATES OF CORPORATE STATES OF ST

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Articles of Incorporation

Articles of incorporation	riltu
1. The hame of the corporation shall be.	SEURE TARY OF STATE VISION OF CORPORATI
Griffin Landscaping, Incorporated	98 NOV -9 AM 10: 3
2. The principal place of business and mailing address of the corporation of the corporation shall have the authority to issue 1,000 at	
4. The registered agent of the corporation is	and the owcod
5. The initial Board of Directors shall have member(s) whose name is/are as follows:	e(s) and address(es)
The number of directors may be raised or lowered by amendmenthe corporation but shall in no case be less than one.	ent of the bylaws of
6. The incorporator of this corporation is Johnnie Griff address is 124 DES FROM LANGUAGO, FI	whose street
Dated Nov. 6 1898 Johnny H. J. Incorporator Glo15-432-69	-363-0
Harring boon named as registered a sent and to a regularize of the same	

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 am familiar with and accept the obligations of my position as registered agent.

Dated Nov- 6 1991

Johnne Hegistered Agent

Registered Agent

Sharon D Somner

* Dat * My Commission CC664991

Expires September 08, 2001