

TRANSMITTAL LETTER

P99000000122

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

200002727682--1  
-12/31/98-01038-021  
\*\*\*\*122.50 \*\*\*\*\*78.75

SUBJECT: O. MOLINA LAWN CARE CORP.  
(Proposed corporate name - must include suffix)

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

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: OSWALDO MOLINA  
Name (Printed or typed)

12870 SW 62ND TER  
Address

MIAMI FL 33183  
City, State & Zip

305 408-7126  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 31 AM 9:28

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

1-4  
22

## 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:

O. MOLINA LAWN CARE CORP.

### ARTICLE II PRINCIPAL OFFICE

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

12870 SW 62ND TER  
MIAMI FL 33183

### ARTICLE III SHARES

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

60 SHARES - NO PAR VALUE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

OSWALDO MOLINA  
12870 SW 62ND TER.  
MIAMI FL 33183

### ARTICLE V INCORPORATOR

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

OSWALDO MOLINA, PRESIDENT, 100% OWNERSHIP  
12870 SW 62ND TER.  
MIAMI FL 33183

Signature/Incorporator

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

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