TRANSMITTAL LETTER

9900001020

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

300002729053--2 -01/04/99--01070--010 ******78.75 ******78.75

SUBJECT: ALWAYS GREEN LANDSCAPE, INC.

(Proposed corporate name - must include suffix)

Enclosed is an origina	il and one (1) co	py of the articles o	f incorporation	and a c	heck	
for : \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate y Required			
FROM: AARON GONEN Name (printed or typed)						
P.O. Box 260452 Address						
PEMBROKE PINES, FL 33026 City, State & Zip						
		- 647-9411 Telephone number	-	DIVICIO	99,	

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

0 XC

ARTICLES OF INCORPORATION

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.

> ARTICLEI NAME

The name of the corporation shall be:

ALWAYS GREEN LANDSCAPE, INC.

ARTICLE II PRINCIPAL OFFICE

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

12140 SW 49 CT, Cooper City, FL 33330

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time 500

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV The name and address of the initial registered agent is:

> AARON GONEN 12140 SW 49 CT. Cooper City, FL 33330

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PRESIDENT) AARON GONEN, 12140 SW 49 CT., COOPERCITY TO 33336 VICE-PRES.) MINA GONEN, 12140 SW 49 CTI, COOPERCITY TO 33336

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of DECEMBER, 19 98

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

Signature

Vina a. Gonen

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	ALWAYS GREEN LAND.	SCAPE, IN	ic.
2.	The name and address of the regis	tered agent and office is:		
	AAR	ON GONEN (NAME)	NVCIALION CONTRACTORY	1
	12140 (P.O. Bo	X or Mail Drop Box NOT ACCEPTABLE)	ASSEE, FI	
	· Coop	ER CITY, FL 33330 (CITY/STATE/ZIF)	8: 27 RATIONS LORIDA	-

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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314