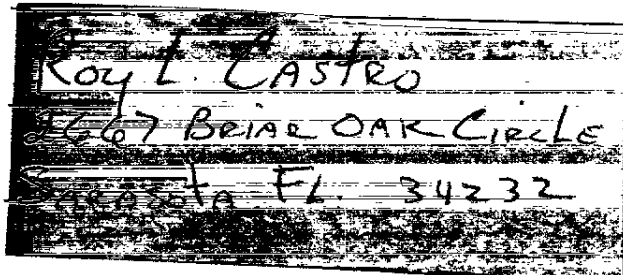


P99000038777



300002851093--8  
-04/26/99--01031--015  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED  
99 APR 26 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CD  
4-29-99  
3

FILED  
99 APR 26 AM 8:38  
SEC. CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION  
OF  
THE CUTTING EDGE LANDCARE, INC.

THE UNDERSIGNED INCORPORATOR HEREBY FORMS A CORPORATION  
UNDER CHAPTER 607 OF THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I. NAME

THE NAME OF THE CORPORATION SHALL BE: THE CUTTING EDGE  
LANDCARE, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE,  
2667 BRIAR OAK CIRCLE, SARASOTA, FLORIDA 34232  
AND THE MAILING ADDRESS OF THE CORPORATION SHALL BE THE  
SAME.

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ALSO ENGAGE OR TRANSACT IN ANY OR  
ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS  
OF THE UNITED STATES, THE STATE OF FLORIDA OR ANY OTHER STATE  
COUNTRY, TERRITORY, OR NATION.

ARTICLE III. CAPITAL STOCK

THE MAXIMUM NUMBER OF SHARES OF STOCK THAT THIS  
CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME  
IS 100 SHARES OF COMMON STOCK HAVING \$1 PAR VALUE PER SHARE.

ARTICLE IV. REGISTERED OFFICE & AGENT

THE STREET ADDRESS OF THE INITIAL REGISTERED OFFICE OF  
THE CORPORATION SHALL BE: 2667 BRIAR OAK CIRCLE, SARASOTA  
FLORIDA 34232  
AND THE NAME OF THE INITIAL REGISTERED AGENT OF THE  
CORPORATION AT THAT ADDRESS IS ROY L. CASTRO.

ARTICLE V. TERMS OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE VI. PREEMPTIVE RIGHTS

THE CORPORATION ELECTS TO HAVE PREEMPTIVE RIGHTS.

FILED  
99 APR 26 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE VII. OFFICERS

THE NAME AND ADDRESS OF THE INITIAL OFFICERS OF THE CORPORATION WHO SHALL HOLD OFFICE FOR THE FIRST YEAR OF THE CORPORATION, OR UNTIL THEIR SUCCESSORS ARE ELECTED OR ARE APPOINTED ARE:

PRESIDENT ROY L. CASTRO  
2667 BRIAR OAK CIRCLE  
SARASOTA FLORIDA 34232

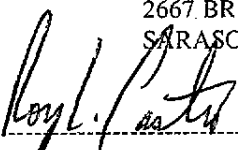
#### ARTICLE VIII. CUMULATIVE VOTING

AT EACH ELECTION FOR DIRECTORS, ALL OR A DESIGNATED VOTING GROUP OF SHAREHOLDERS ARE ENTITLED TO CUMULATE THEIR VOTE FOR DIRECTORS.

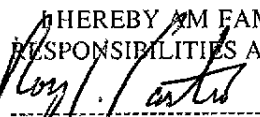
#### ARTICLE IX. INCORPORATORS

THE NAME AND STREET ADDRESS OF THE INCORPORATORS OF THE CORPORATION ARE:

ROY L. CASTRO  
2667 BRIAR OAK CIRCLE  
SARASOTA FLORIDA 34232

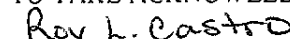
  
\_\_\_\_\_  
ROY L. CASTRO

I HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTERED AGENT FOR SAID CORPORATION.

  
\_\_\_\_\_  
ROY L. CASTRO

STATE OF FLORIDA  
COUNTY OF SARASOTA

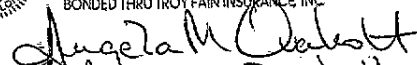
I HEREBY CERTIFY THAT ON THIS DAY BEFORE ME, A NOTARY PUBLIC DULY AUTHORIZED IN THE STATE AND COUNTY LAST AFORESAID TO TAKE ACKNOWLEDGMENTS, PERSONALLY APPEARED,

  
TO ME KNOWN TO BE THE PERSON DESCRIBED AS INCORPORATOR IN AND WHO EXECUTED THE FOREGOING ARTICLES OF INCORPORATION FOR THE USES AND PURPOSES EXPRESSED THEREIN.

WITNESS MY HAND AND OFFICIAL SEAL IN THE COUNTY AND STATE NAMED ABOVE THIS : 21<sup>st</sup> Day of  
April, 1999



Angela M. Overholt  
MY COMMISSION # CC790553 EXPIRES  
November 12, 2002  
BONDED THRU TROY FAIN INSURANCE, INC.

  
Angela M. Overholt