

TRANSMITTAL LETTER

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

SUBJECT: University Sod, Inc.
(Proposed corporate name - must include suffix)

300002865163-3
-05/06/99--01063--004
*****87.50 *****87.50

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 of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Howard Lidsky
Name (Printed or typed)

824 East University Ave.
Address

Gainesville, Florida 32601
City, State & Zip

352-378-0556
Daytime Telephone number

FILED
1999 MAY -6 AM 8:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

R. Purinton MAY 11 1999

7 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:

University Sod, Inc,

ARTICLE II PRINCIPAL OFFICE

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

824 East University Avenue
Gainesville, Fl 32601

ARTICLE III SHARES

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

1,000,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

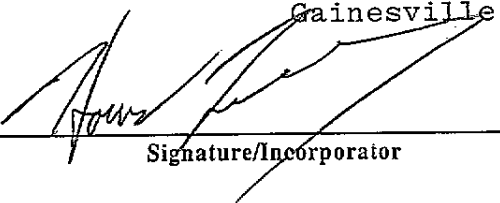
The name and Florida street address of the initial registered agent are:

Howard Lidsky 824 East University Avenue
Gainesville, Florida 32601

ARTICLE V INCORPORATOR

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

Howard Lidsky
1703 NW 38th Drive
Gainesville, Florida 32605



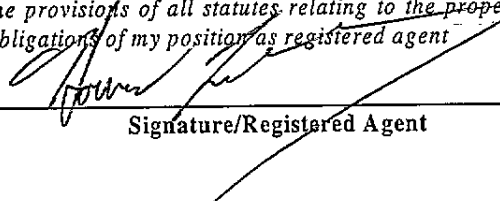
Signature/Incorporator

5/4/99

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

5/4/99

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1999 MAY -6 AM 8:02

FILED