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

300002952483--9 -08/06/99-01049--004 \*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Best Florida Sod, I (Proposed corp.	nc. orate name - must include suf	fix)	,
Enclosed is an original and one(1) copy of the artic	les of incorporation and a	check for:	
☐ \$70.00 ☐ \$78.75  Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Howard Lidsky Name (I	Printed or typed)		
- Gainesville, F	Address	99 AUG -6 AM SECRETARY OF TALLAHASSEE F	
(352)378-0556 Daytime	Telephone number	Y OF STATE SEE FLORIDA	

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

# 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:

Best Florida Sod, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

824 East University Ave. 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:

100,000 \_\_

#### 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 Ave.

ARTICLE V INCORPORATOR F1 32601

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

Howard Lidsky 2446 N.W. 37th Terrace Gainesville, Fl 32601

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