PAGOOO 9039/

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

800003010118---4 -10/08/39--01076--010 *****87.50 *****87.50

| EUBJECT: Securits Some Maintainance (Proposed corporate name - must include suffix) | | | | |
|---|--|--|--|--|
| | | made Addition Str | ilia) | |
| Enclosed is an origin | nal and one(1) copy of the article | es of incorporation and a c | 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 CO | | |
| FROM: | Neville R Name (Pr | Benyamin inted or typed) | | |
| | 500 Ros | xamond di | #3H13 | |
| | Onlando City, S | 52808 tate & Zip | AS P | |
| | Daytime Tel | 8-478Z ephone number | LED -8 PM 3 SEE, FLOR | |

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

(HX 113/99

ARTICLES OF INCORPORATION

| The undersigned incorporator, for the purpose of forming a corporation und Business Corporation Act, hereby adopts the following Articles of Incorpora | ition. | , . |
|--|--|--------------------------------------|
| | AFF. W | |
| ARTICLE I NAME | 2 | 3 1 |
| The name of the corporation shall be: | 万事 「 | 7 = |
| Servants Lawn Maintainance | Two I Min | ® ∏ ⊋ D |
| ARTICLE II PRINCIPAL OFFICE | | ယ္ |
| The principal place of business and mailing address of this corporation | n shall be: 중류 | ξ. |
| 5110 Rosamond dr #3413 | , | · · · · · |
| Orlando Kr 35808 | | |
| | | |
| ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have | ve outstanding at any one time | is: |
| Ten (10) | | . <u>-</u> · |
| 16.1 (10.) | | ;— : |
| ARTICLE IV INITIAL REGISTERED AGENT AND S | TREET ADDRESS | |
| The name and Florida street address of the initial registered agent are: | - | |
| Meulle R. Benjamin | | |
| 3110 605Amond dr #3112 | | <u></u> |
| and \$1 32808 | • | ## L |
| ARTICLE V INCORPORATOR | | A#4 \ 1/17 |
| The name and address of the incorporator to these Articles of Incorporator | oration are: | |
| Neulle R Benjamin | | 17 1 L |
| 5110 ROBAMENT SV # 3413 | | |
| Ort 61 35808 | ÷ • | · |
| | : · · · · · · · · · · · · · · · · · · · | <u> </u> |
| | _ | ** * |
| _ Mh | 10/3/99 | |
| Signature/Incorporator | Date | |
| | | |
| · | | |
| | | |
| (An additional article must be added if an effecti | ive date is requested.) | |
| | | |
| Universal and an accidental and to account accident affects of the standard and the second account acc | | |
| Having been named as registered agent and to accept service of process for the abor- certificate, I hereby accept the appointment as registered agent and agree to act in | ve sicued corporation at the place de a this canacity. I further agree to c | signatea in this _ omnly with the |
| provisions of all statutes relating to the proper and complete performance of m | y duties, and I am familiar with a | and accept the |
| obligations of my position of registered agent | | |
| A the collection | 11/2/00 | |
| Signature/Registered Agent | 10/ S/99 | _ |
| organia caregorei ea regent | / Date | |