P99000 103488 TRANSMITTAL LETTER

SALANS MILLINGS MILLINGS CONTRACTOR OF THE PARTY OF THE P

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

500003052775--3 -11/23/99--01032--006 ******70.00 ******70.00

SUBJECT:	GRASSMASTERS	OF CITRUS	COUNTY.	INC.
	(Proposed corporate name - must include suffix)			

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00

\$78.75

Filing Fee Filing Fee

& Certificate of Status

\$78.75

Filing Fee

\$87.50

& Certified Copy

Filing Fee, Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	STINE + ASSOCIATES	
	Name (Printed or typed)	
,	PO BOX 5368	
	Address	
	OCALA, FL 34478	
	City, State & Zip	
	352 - 694-3387	F.F. F.
	Daytime Telephone number	

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:

GRASSMASTERS OF CITEUS COUNTY, INC.

PRINCIPAL OFFICE ARTICLE II

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

9900 N. DAWNFLOWER AVE. CRYSTAL RIVER, FL 34428

ARTICLE III SHARES

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

1,000 SHARES

INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TARA L. KOPP

9900 N. DAWN FLOWIER AVE CRYSTAL RIVER, FL 344Z8 ARTICLE V INCORPORATOR

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

TARA L. KOPP

9900 N. DAWN FLOWER AVE CRYSTAL RIVER, FL 34428

Signature/Incorporator

11-1-99

(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

11-1-99