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<u>.</u>				
	(Re	equestor's Nam	e)	
	(Ac	idress)		
	(4.	ldress)		
	(AC	iuiessj		
	(Ci	ty/State/Zip/Pho	one #)	
	PICK-UP	☐ WAIT	MAIL	
	(Bu	isiness Entity N	ame)	
	(Do	ocument Numbe	er)	
ertified Co	opies	_ Certificat	es of Status	
Special In	structions to	Filing Officer:		

Office Use Only



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SECRETARY OF STATE

J. 818-00 MAY 1.3 2019
W. Sos

COVER LETTER

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

SUBJECT:	Green ree (PROPOSED CORPORA)	Landscape TENAME-MUSTING	Manageme	<u>n</u> t.
Enclosed are an or	riginal and one (1) copy of the arti	cles of incorporation ar	nd a check for:	1
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED	
FR ⊕ M: _	Cossie Name	(Printed or typed)		
	10288 Fox Trail	Rd. So. Ap	4.310 F.S.	
_	West Palm Beachy.	State & Zip	33411 SE	FILE IMAY 12 PA
_	561. 267.16 Daytime T	elephone number	FLORIGE	F 3: 37
_	E-mail address: (to be use	amail-Cod for future annual repor	∞	7

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME	_	1 \	
The name of the corporation shall be:	iren Trec	Landscap	e Management
West Pain	ddress Trail Rd.So	· PO BY	address, if different is: x 53 -cnee, FL 33470
ARTICLE III PURPOSE	_		
The purpose for which the corporation is	also	Becone inc Sotive Bus Myself.	proporation
	110 -	INIXZEIT.	
ARTICLE IV SHARES The number of shares of stock is:	5		
Name and Title: Cossie Signature Address: 10288 Fo	RS AND/OR DIRECTOR DISINI- CED XTIGHT LA -SC	Name and Title: Address:	
Name and Title: ' Address:		Name and Title: Address:	
Name and Title:Address:		Name and Title: Address:	
		-	A 5 26
The name and Florida street address (P Name: Address: Address:	Box NOT acceptable) of Sini		FIL CARETARY B CAHASSEE.
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporate Name:		_	SRAII S.
Address: 10288 F	+p+ 310 F. 3	50 3411	7
Having been named as registered agent this certificate, I am familiar with and ac			
Peguired Sign	nature/Registered Agent	 _	<u>4/29/2011</u>
			Date
I submit this document and affirm that document to the Department of State con			
1 1			4/20/2011
Required S	gnature/Incorporator		Date