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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCU	UMENT NUMBER(S), (if known):	
ALOHA LAND	UMENT NUMBER(S), (if known): CARE & ENHANCEMEN (Document #)	1), INC
(Corporation Name)	(Document #)	
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(Corporation Name)	(Document #)	
3. (Corporation Name)	(Document #)	
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NEW FILINGS	AMENDMENTS	2 AM 9
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	9:41 STATE STATE
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other	te de p

Examiner's Initials

СЮОМ

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:	
aloha Land Care	& EnHANCEment, Inc
EFFECTIVE DATE	1/1/07
ARTICLE II ~ PRINCIPAL (OFFICE

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

16635 SW 104 CT MIQUI FI 33157

ARTICLE III -SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jose Hernandez 16635 sur 104 et Miani, Fl 33167

ARTICLE V - INCORPORATOR

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

Jose Hernandez 16635 sw 104 ct Wight, F1 33187

The undersigned incorporator has executed these Articles of Incorporation this day of 200

Signature

ARTICLE VI DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Jose Hernandez (P) 16636 SW 1041 CT MIQNI, FI 33167

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

SECRETARY OF STATE