

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850)922-4001

From:

Account Name : GARSOZA SERVICES, INC.

Account Number: I19990000075 Phone: (954)979-4565

Fax Number : (954) 979-2421

FLORIDA PROFIT CORPORATION OR P.A.

Nilo's Landscaping & Lawn Services, Inc.

Facsimile audit number: H0000005021 1

ARTICLES OF INCORPORATION

OF

Nilo's Landscaping & Lawn Services, Inc.

The undersigned incorporator(s), 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:

Nilo's Landscaping & Lawn Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4933 NW 96 Terr. Sunrise, FL 33351

ARTICLE III SHARES

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

One thousand (1000) common shares at no Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Sandra Correa 4933 NW 96 Terr. Sunrise, FL 33351

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SECRETARY OF STATE
TALLAHASSEE, FI ORIDA

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· · · · · · · · · · · · · · · · · · ·	ARTICLE V	INCORPORATOR(S)
The name(s) and Incorporation is(are);	street address(es	s) of the incorporator(s) to these Articles
Sandra Corre 4933 NW 96 Sunrise, FL 3	Terr.	
The undersigned Incorporation this		as(have) executed these Articles of
1st	day ofFebrua	ary, 2000.
<	Sandria	Comme
	Signati	ure
	N/	/A

Signature

N/A_

Signature

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Facsimile audit number: H 000000 5021 1	-
CERTIFICATE OF DESIGNATION OF	REGISTERED AGENT
PURSUANT TO THE PROVISIONS OF SECTION 607.0 THE UNDERSIGNED CORPORATION, ORGANIZED UPPLORIDA, SUBMITS THE FOLLOWING STATEMENT	JNDER THE LAWS OF THE STATE OF
1. The name of the corporation is: Nilo's Lan	dscaping & Lawn Services, Inc.
2. The name and address of the registered age	nt and office is:
Sandra Correa(Name)	
4933 NW 96 Terr.	
(Address - P.O.Box not a	acceptable)
Sunrise, FL 33351 (City, State & Zip)	
Having been named as registered agent and to a state corporation at the place designated in tappointment as registered agent and agree to act in with the provisions of all statutes relating to the place of the obligation.	this certificate, I hereby accept the n this capacity. I further agree to comply roper and complete performance of my
	SEC SEC
(Signature)	(Date) THAT A
DIVISION OF CORPORATIONS, P.O.BOX 63	27, TALLAHASSEE, FL 32314 F. F.

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