

Division of Corporations

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PD3000022904

Florida Department of State  
Division of Corporations  
Public Access System

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## To:

Division of Corporations  
Fax Number : (850) 205-0381

## From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (305) 673-0347  
Fax Number : (305) 532-0738

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## FLORIDA PROFIT CORPORATION OR P.A.

Landscape West Inc.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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FAX NO. : 813-707-5550

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**ARTICLES OF INCORPORATION**

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

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**ARTICLE I NAME**

The name of the corporation shall be :  
Landscape West Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address  
145 Avon Dr.  
Safety Harbor, FL 34695

**ARTICLE III PURPOSE**

The purpose for which the corporation is formed is to engage in any activity  
business permitted under the laws of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is:  
1,500 COMMON SHARES AR VALUE \$.10

**ARTICLE V INITIAL OFFICERS / DIRECTORS**

The name(s), address(es), and title(s) of the directors and officers is:

Director & President  
Fabio L. Gomez  
145 Avon Dr.  
Safety Harbor, FL 34695

Director & Vice President  
Guillermo Ishida- Ortega  
9831 Pangola Loop  
Land O Lakes, FL 34639

Director & Secretary  
Guadalupe Gonzalez  
5455 Saltamonte Dr.  
New Port Richey, FL 34655

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Heidi I. Felix  
2903 W. Reynolds St.  
Plant City, FL 33563

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**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

Heidi I. Felix  
2903 W. Reynolds St.  
Plant City, FL 33563

\*\*\*\*\*  
*Having been named as registered agent to accept service of process for the above corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature / Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

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