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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. McKnight DEC 15 2006

LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):
1. Corporation Name)	SCAPING, INC
2.	
(Corporation Name)	(Document #)
Corporation Name)	(Document #)
(Sorporadori Haine)	(Document #)
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(Corporation Name)	(Document #)
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NEW/ER INCC	
NEW FILINGS	<u>AMENDMENTS</u>
Profit	Amendment
Not for Profit Limited Liability	Resignation of R.A., Officer/Director
Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTHER BUTNIGG	- ·
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report	Foreign
☐ Fictitious Name	Limited Partnership
	Reinstatement Trademark
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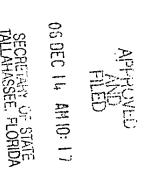
ARTICLES OF INCORPORATION

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:

S.G. Land scaping 11NC



ARTICLE II - PRINCIPAL OFFICE

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

245 NW 22 St Homested R1. 33030

ARTICLE III - SHARES

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

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Silvia Garcia 245 NW ZZS+ Homestead Fl. 33030

ARTICLE V - INCORPORATOR

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

Homested fl 33030 Silvia Garcia

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

ARTICLE VI DIRECTOR(S)

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

> Silvia Garcia President

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