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APPROVED
AND
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FLORIDA PROFIT/NON PROFIT CORPORATION
CHAMPION DESIGN AND LANDSCAPING CORP

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

CHAMPION DESIGN AND LANDSCAPING CORP

ARTICLE II PRINCIPAL OFFICE

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

**490 PLUM TREE DR
LANTANA, FL 33462-5140**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is
100 shares \$1.00 per value

LUIS D PORTILLO

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**LUIS D PORTILLO
490 PLUM TREE DR
LANTANA, FL 33462-5140**

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ARTICLE V INCORPORATORS(S)

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

**LUIS D PORTILLO
490 PLUM TREE DR
LANTANA, FL 33462-5140**

ARTICLE VI DIRECTOR(S)

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

**LUIS D PORTILLO
490 PLUM TREE DR
LANTANA, FL 33462-5140**

PRESIDENT

The undersigned incorporator(s) has(have) executed these Articles of incorporation this
January 5th, 2009.


SIGNATURE

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Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

CHAMPION DESIGN AND LANDSCAPING CORP

- HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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 RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE _____

09 JAN -5 PM 4: 14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

姓名