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COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	Kalm Gardens	Landscap	sing, Inc
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
■ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED		PY REQUIRED
FROM: Jorge Lopez Name (Printed or typed) 3176 NW. 10257			
Miami, FL. 33147 City, State & Zip			
305-490-7857 Daytime Telephone number			
	Babitravele and E-mail address: (to be see	Mil. UM ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAI	tion shall be: Palm G	ardens Landscap	ing, Inc.
	NCIPAL OFFICE		J.
3176 Nu	Principal <u>street</u> address	Mailing addr	ess, if different is:
Miami, F			
The purpose for which	ny activity or b	This corporation ousiness permitte tes of America or-	d under the
ARTICLE IV SHA	ARES 500		
	-	anamana	
Name and Titl	<u>tial officers and/or dif</u> . Toxal 1009-170	CECTORS CECTORS Ame and Title:	28 2
Address	3176 NO. 1029	Address:	AT A
Address	Miami Fr. 3311	Ja	12 FL
	priourity re-	<u> </u>	
			ORD 1: 5
Name and Title	t	Name and Title:	A''' —
Address		Address:	
Name and Title	:;	Name and Title:	
Address		Address:	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box No. 10) Name: JOYGL LOPE, Address: 3170 NW. 10 Highii, Fl. 33	OT acceptable) of the registered agent is:
ARTICLE VII INCORPORATOR	<u>, , , , , , , , , , , , , , , , , , , </u>
The <u>name and address</u> of the Incorporator is:	7
Name: Olar Color	<u>'t </u>
Address: 3176 NW. 1	OSSI
Miami, Ros	22147
	service of process for the above stated corporation at the place designated in appointment as registered agent and agree to act in this capacity
Required Signature/Reg	istered Agent Date
I submit this document and affirm that the facts document to the Department of State constitutes a	stated herein are true. I am aware that the false information submitted in a third degree felony as provided for in s.817.155, F.S.
	। । । । । । । । । । । । । । । । । । ।
Required Signature/In	Pate AN 22 AN 11:51