

PA000087526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECURITY & COMPLIANCE
TAX ADMINISTRATION

WA-62286

October 7, 2014

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

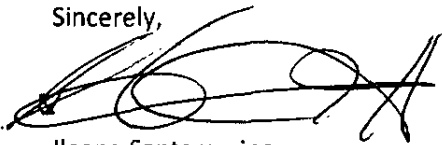
Re: P12000037261 Elegba land scaping inc

To whom it may concern:

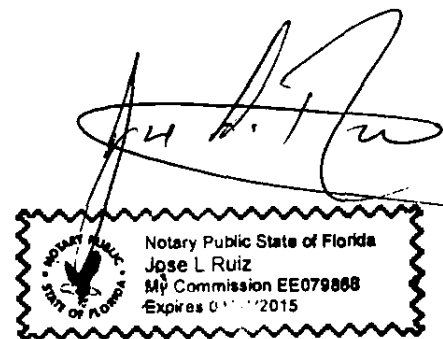
By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,



Ileana Santamarina



COVER LETTER

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

SUBJECT: **ELEGBA LAND SCAPING INC**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: **MARIA E RUIZ**

Name (Printed or typed)

7750 SW 117TH AVE SUITE 201D

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

MARIA E RUIZ
7750 SW 117TH AVE STE 201D
MIAMI, FL 33183

SUBJECT: ELEGBA LAND SCAPING INC
Ref. Number: W14000062286

RECEIVED
14 OCT 24 PM 3:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*Spelling
Correct*

We have received your document for ELEGBA LAND SCAPING INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that the word LAND SCAPING in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled LAND SCAPING. If you did not misspell this word intentionally, please correct the spelling to read LANDSCAPING and resubmit the document for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 814A00021831

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

ARTICLE I NAME

The name of the corporation shall be: ELEGBA LAND SCAPING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

15411 N W 5TH STREET
PEMBROKE PINES, FLORIDA 33028

Mailing address, if different is:

7750 SW 117TH AVE SUITE 201D
MIAMI FLORIDA 33183

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IEANA SANTAMARINA DMRS

Name and Title: _____

Address 15411 NW 5TH STREET

Address: _____

PEMBROKE PINES, FLORIDA 33028

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

14 OCT 21 AM 7:37
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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ILEANA SANTAMARINA, DMRS
Address: 15411 NW 5 STREET
PEMBROKE PINES, FLORIDA 33028


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ILEANA SANTAMARINA, DMRS
Address: 15411 NW 5 STREET
PEMBROKE PINES, FLORIDA 33028

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

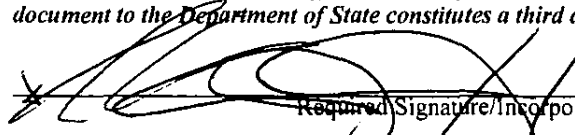
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

10/4/14
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

10/4/14
Date