

12/2032 07:00 #470 P.007003
Division of Corporations Page 1 of 1
PH4000096283

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000276816 3)))



H140002768163ABC2

RECEIVED
14 DEC -1 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -1 PM 3:37

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
ECOLAWN S.A. INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

MD 12/2

ARTICLES OF INCORPORATION

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

* **EFFECTIVE DATE:** 1-1-15**ARTICLE I NAME:** The name of the corporation is:ECOLawn S.A. Inc.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11330 SW 56 ST.Miami FLA 33165**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Consuelo A LlanO MONTANO (P)Vladimir MONTANO (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

CONSUELO A LLANO MONTANO11330 SW 56 STMIAMI FL 33165**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:CONSUELO A LLANO MONTANO11330 SW 56 STMIAMI FLA 33165

H14000276816

14 DEC -1 PM 3:37
STATE
OFFICE
TALLAHASSEE, FLORIDA

FILED

10/12/2032 07:01

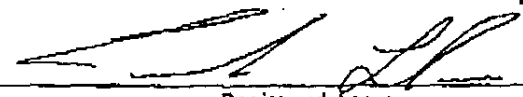
#4870 P.003/003

H14000276816

DEC - 1 PM 3:3
OFFICE OF STATE
TAMPA, FLORIDA

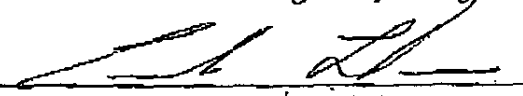
Required Signatures:

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



Registered Agent 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.



Incorporator Date

H14000276816