

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GO GREEN LANDSCAPING SERVICES INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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15 OCT 19 AM 7:11

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

ARTICLE I NAMEThe name of the corporation shall be: GO GREEN LANDSCAPING SERVICES INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5825 SW 9 TERRACEMIAMI, FL 33144**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

REPAIR AND MAINTENANCE OF HOME AND LAWN SERVICES**ARTICLE IV SHARES**

The number of shares of stock is:

100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: PATRICIO A. OLATE GUTIERREZ (D)

Name and Title:

Address

5825 SW 9 TERRACE

Address:

MIAMI, FL 33144Name and Title: GLADYS A. LLERENA (D)

Name and Title:

Address

817 LISBON STREET

Address:

MIAMI, FL 33134

Name and Title:

Name and Title:

Address

Address:

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Name and Title: PATRICIO A. OLATE GUTIERREZ (D) Name and Title: _____
 Address: 5825 SW 9 TERRACE Address: _____
MIAMI, FL 33144 _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLADYS A. LLERENA
 Address: 817 LISBON STREET
MIAMI, FL 33134

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: GLADYS A. LLERENA
 Address: 817 LISBON STREET
MIAMI, FL 33134

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 10/29/2015, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*

[Signature] 10/29/2015
 Required Signature/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.817.135, F.S.

[Signature] 10/29/2015
 Required Signature/Incorporator Date

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