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

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FLORIDA PROFIT/NON PROFIT CORPORATION  
GREENWOOD LAWN CARE, INC.

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

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**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: GREENWOOD LAWN CARE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10350 WEST BAY HARBOR DR APT 2-C  
BAY HARBOR ISLANDS, FL. 33154

Mailing address, if different is:  
10350 WEST BAY HARBOR DR APT 2-C  
BAY HARBOR ISLANDS, FL. 33154

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY LEGAL ACTIVITY / PERMITTED IN THE STATE OF  
FLORIDA.

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**ARTICLE IV SHARES**

The number of shares of stock is: 100 (ONE HUNDRED)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: PELETEIRO, PABLO D. (President)

Address: 10350 W. BAY HARBOR DR APT 2-C  
BAY HARBOR ISLANDS, FL. 33154

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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: PELETEIRO, PABLO D.  
 Address: 10350 W. BAY HARBOR DR. APT. 2-C  
BAY HARBOR ISLANDS, FL. 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: PELETEIRO, PABLO D.  
 Address: 10350 W. BAY HARBOR DR. APT 2-C  
BAY HARBOR ISLANDS FL. 33154

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03/24/2016 (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*

\_\_\_\_\_  
 Required Signature/Registered Agent Date: 03/24/2016

*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 §817.155, F.S.*

\_\_\_\_\_  
 Required Signature/Incorporator Date: 03/24/2016

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