

PF7000045511

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.

((H17000139222 3)))



H170001392223ABC.

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

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
XTREMECARE LANDSCAPING INC.**

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

17 MAY 22 PM 4:47

URGENT
SPECIAL
INFORMATION SERVICES

17 MAY 22 AM 11:02

17 MAY 22 AM 11:02

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

MAY 23 2017

ARTICLES OF INCORPORATION H17000139222
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

XtremeCare Landscaping inc.

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

2130 NW 92 St Miami FL 33147

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Victor Canales - P

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

VICTOR Canales
2130 NW 92 ST
Miami FL 33147

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

VICTOR Canales
2130 NW 92 ST
Miami FL 33147

H17000139222

17 MAY 22 AM 11:17

H17000139222

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

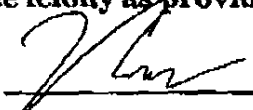


Registered Agent

5/22/17

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

5/22/17

Date

17 MAY 22 AM 11:18

CALLAGHAN, JENNIFER

H17000139222