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## Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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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

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## FLORIDA PROFIT/NON PROFIT CORPORATION

## MASTER SERVICE LANDSCAPING CORP

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

RECEIVED

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INFORMATION SERVICES

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:MASTER SERVICE LANDSCAPING CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

14901 SW 82 TERR APT 206  
MIAMI, FL 33193**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**IDALBERTO SANTOS MILIAN (P)  
  
  
  
**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Idalberto Santos Milian  
14901 SW 82 Terr APT 206  
Miami FL 33193**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

<u>Idalberto Santos Milian</u>	
<u>14901</u>	<u>SW 82 Terr APT 206</u>
<u>Miami</u>	<u>FL 33193</u>

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**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

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