

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**EFRAIN LANDSCAPING CORP**

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2018 FEB 09 2018

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

**ARTICLE I NAME** EFRAIN LANDSCAPING CORP  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
10865 SW 40 TERR  
MIAMI, FL 33165

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: GARDENER

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: EFRAIN HERNANDEZ PRES

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

Address: 10865 SW 40 TERR  
MIAMI, FL 33165

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

Name and Title: ZAIRA A. PREZ VPRES

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

Address: 10865 SW 40 TERR  
MIAMI, FL 33165

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

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

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

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

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

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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ZAIRA A PERZ  
Address: 10865 SW 40 TERR  
MIAMI, FL 33165

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ZAIRA A PEREZ  
Address: 10865 SW 40 TERR  
MIAMI, FL 33165

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/07/2018. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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]*  
\_\_\_\_\_  
Required Signature/Registered Agent

02/07/2018  
\_\_\_\_\_  
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.*

*[Signature]*  
\_\_\_\_\_  
Required Signature/Incorporator

02/07/2018  
\_\_\_\_\_  
Date