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.

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H180002850013ABCZ

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 : (305)675-5944 Fax Number

\*\*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 DESIGN BY GREENWORKS, INC

Certificate of Status	0
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October 2, 2018

## FLORIDA DEPARTMENT OF STATE

LAZARUS CORPORATE FILING SERVICE, INC. 1259 SW 23 STREET MIAMI, FL 33145US

SUBJECT: DESIGN BY GREENWORKS, INC

REF: W18000087467

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

If you have any further questions concerning your document, please call (850) 245-6052.

Ingrid D Kelly Regulatory Specialist II New Filing Section FAX Aud. #: H18000285001 Letter Number: 518A00020462

10-1-18

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of DESIGN BY GREENWORKS TO The Ply0000 56504 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

ANHANY SEGOVIA

PRESIDENT TALLAHASSEE, FL

## ARTICLES OF INCORPORATION

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

ine name of the corpo	dE DESIGN B oxation shall be:				
<u> (RTICLE II - PRI</u>		Mailing add	rana if different io		
1259 SW 23 STREE	Principal <u>street</u> address	1259 SW 23 STREE	Mailing address, if different is: 1259 SW 23 STREET		
MIAMI, FL 33145		MIAMI, FL 33145			
·					
ARTICLE III PUR	IPOSE th the corporation is organized is:	DSCAPING SERVICES			
the purpose for who	in the corporation is organized is:		<u>,,,</u>		
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•	•				
ARTICLE IV SIL. The number of shares	IRES 100 of stock is:				
The number of shares  ARTICLE V INI	of stock is:    IAL OFFICERS AND/OR DIRECTO	<u>rs</u>			
The number of shares  ARTICLE V INI	of stock is:  ITAL OFFICERS AND/OR DIRECTO  Sitle:  ANTHONY SEGOVIA	RS Name and Title:			
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Name air	nd Title:	Name and Title:		
Address		Address:		
_				
ARTICLE VI	REGISTERED AGENT			
The name and F	<u>lorida street address</u> (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	ANTHONY SEGOVIA	<u> </u>		
'Address:	9731 SW 48TH STREET			
Address.	МІАМІ, FL 33165	SECT TAN		
ARTICLE VII	INCORPORATOR	SECRETARY OF STA		
The name and a	utdress of the Incorporator is:	ASSI ASSI		
Nanuc:	ANTHONY SEGOVIA	EE's à		
Address:	9731 SW 48TH STREET	PAE -		
	M1AMT, FL 33165	<del>_</del>		
Effective date i	EFFECTIVE DATE: 09/28/2018 fother than the date of filing:	(OPTIONAL) nunot be more than five days prior or 90 days after the		
Note: If the dat	te inserted in this block does not meet the applic effective date on the Department of State's reco	eable statutory filing requirements, this date will not be listed a		
Having been na this certificate, h	med as ragistered agent w accept service of pr I am familiar with und adcept the appointment	ocess for the above stated corporation at the place designate as registered agent and agree to act in this capacity		
		09/28/2018		
	Required Signature/Registered Agen	Date		
I submit this do document to the	ocument aful aftirm that the facts stated hereb Department of State constitutes a third degree	vare true. I am aware that the false information submitted t felony as provided for in 2.817.155, F.S.		
		09/28/2018		
Regi	nired Signature/Inconversion	Date		