(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiliess Ellity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314



SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:							
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED				

<b>1</b> :	STEPHANIE MARTINEZ  Name (Printed or typed)		
:			
	8180 NW 36 ST SUITE 406		
	Address		
	DORAL FL 33166		
	City, State & Zip		
	305-406-3800		
	Daytime Telephone number		
	ATPLUS@LIVE.COM		
-	E-mail address: (to be used for future annual report polification)		

NOTE: Please provide the original and one copy of the articles.

## **AFFIDAVIT**

BEFORE ME, the undersigned authority, on this day personally appeared **CHRIS** A **IRIGOIN**, who after being firstly duly sworn, under oath, deposes and savs:

- 1. The undersigned is also the sole Director and the President of EAST SHORE LANDSCAPES INC. a Florida corporation to be filed with the Florida Department of State on or about May 9, 2019.
- 2. The undersigned hereby consents to and authorizes the use by EAST SHORE LANDSCAPES INC, of the name EAST SHORE LANDSCAPES INC.
- 3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

CHRIS A IRIGOIN

STATE OF FLORIDA

SS:

COUNTY OF MIAMI-DADE)

PERSONALLY appeared before me, Chris A Irigoin, who is personally known to me, who being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein expressed.

Witness my hand and official seal this 9 th day of May, 2019.

STEPHANIE MARTINEZ
Notary Public - State of Florica
Commission = GG 275:07
My Comm. Expires No. 13, 2022
Bonded through National Notary A

Notary Public Signature

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

CLE II PRIN	Principal <u>street</u> address	Mailing address	s, if different is:
SW 161 ST			
AL FL 33157			19
CLE III PURP urpose for which	ocr.	AND ALL LAWFUL BUSINESS.	19 HAY 17
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			<del></del>
	f stock is:		
umber of shares o	f stock is:	<u>s</u>	
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UCLE V INITE  Name and Tit	f stock is:  AL OFFICERS AND/OR DIRECTOR  CHRIS A IRIGOIN PST  8346 SW 161 ST  MIAMI FL 33157	S Name and Title:	
Umber of shares of ECLE V INITI  Name and Tit  Address	f stock is:	S Name and Title:	
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Name and Title  Name and Title  Address	f stock is:  AL OFFICERS AND/OR DIRECTOR  CHRIS A IRIGOIN PST  8346 SW 161 ST  MIAMI FL 33157	Name and Title:  Address:  Name and Title:  Address:	
Name and Title  Name and Title  Address	f stock is:  AL OFFICERS AND/OR DIRECTOR  CHRIS A IRIGOIN PST  8346 SW 161 ST  MIAMI FL 33157	Name and Title:	

Name and Title:		Name and Title:	
Address		Address:	
		. •	<b></b>
		<del></del>	19
		<del>- •</del>	2 70
	REGISTERED AGENT   lorida street address (P.O. Box NOT acceptable)	a) of the registered agent is:	
Name:	CHRIS A IRIGOIN	e) of the registered agent is:	9
Address:	8346 SW 161 ST	<del></del>	32
	MIAMI FL 33157		
1		_ <del>_</del>	
ARTICLE VII	<u>INCORPORATOR</u>		
The name and a	ddress of the Incorporator is:		
Name:	CHRIS A IRIGOIN		
Address:	8346 SW 161 ST	<del></del>	
	MIAMI FL 33157		
Effective date, if	EFFECTIVE DATE:  Tother than the date of filing:  date is listed, the date must be specific and ca	. (OPTIONAL nnot be more than five days p	) rior or 90 days after the
	e inserted in this block does not meet the applicate of fective date on the Department of State's reconstitution.		s, this date will not be listed as
Having been nat this certificate, I	med as registered agent to accept service of pro am familiar with and accept the appointment a	ocess for the above stated corpor s registered agent and agree to a	ation at the place designated in ct in this capacity
Chris	This		5-9-19
	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein Department of State constitutes a third degree j	are true. I am aware that the fi felony as provided for in s.817.15	alse information submitted in a
Chri	ired Signature/Incorporator		5-7-19
Requ	ired Signature/Incorporator	<del></del>	Date

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