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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION THE GARDENING GROUP LAWN SERVICES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: THE GARDENING GROUP LAWN SERVICES, INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

5304 SW 135 CT5304 SW 135 CTMIAMI, FL 33175MIAMI, FL 33175**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: P: ALVARO G. ARGUETAName and Title: VP: SAUL A. ARGUETAAddress 5304 SW 135 CTAddress: 5304 SW 135 CTMIAMI, FL 33175MIAMI, FL 33175Name and Title: D: LUIS A. ARGUETA

Name and Title: _____

Address 5304 SW 135 CT

Address: _____

MIAMI, FL 33175

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ALVARO G. ARGUETA
 Address: 5304 SW 135 CT
 MIAMI, FL 33175

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALVARO A. ARGUETA
 Address: 5304 SW 135 CT
 MIAMI, FL 33175


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/08/2020 (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

X  _____ 09/08/2020
 Required Signature/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.

X  _____ 09/08/2020
 Required Signature/Incorporator Date