

P20000079215

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA PROFIT/NON PROFIT CORPORATION
POWER GREEN LAWN CARE INC.**

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

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

ARTICLE I NAME

The name of the corporation shall be: POWER GREEN LAWN CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1208 LA MANCHA AVE
CORAL GABLES, FL 33134

Mailing address, if different is:

1208 LA MANCHA AVE
CORAL GABLES, FL 33134

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EDUARDO PRUNA (P)

Name and Title: _____

Address 1208 LA MANCHA AVE

Address: _____

CORAL GABLES, FL 33134

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 OCT 12 PM 4:59
DATE

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: EDUARDO PRUNA
Address: 1208 LA MANCHA AVE
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: EDUARDO PRUNA
Address: 1208 LA MANCHA AVE
CORAL GABLES, FL 33134

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

/s/ Eduardo Pruna
Required Signature/Registered Agent

10/08/2020
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.

/s/ Eduardo Pruna
Required Signature/Incorporator

10/08/2020
Date

DATE
FILE

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