0/2020

Fax: (850) 617-6381 Division of Corporations

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Division of Corporations

: (850)617-6381 Fax Number

From:

Account Name : BOOKKEEPING DONE RIGHT INC

Account Number : I20200000064 : (786)566-7026 Phone Fax Number : (205)881-1104

> **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

Blessing Design Landscaping Corp

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME The name of the corpora	ation shall be: Blessing Design Land	dscaping Corp		
ARTICLE II PRING 1831 NE 15th Pl Cape Coral, FL 3	CIPAL OFFICE Principal street address 3909		Mailing address, if different is:	
ARTICLE III PURP The purpose for which	OSE the corporation is organized is: any and	d all lawful bus	iness.	
			- >	
		Name and Title	Martinez, Leticia Vice President	
Address	1831 NE 15th Pl	Address:	1831 NE 15th PI	
Address	Cape Coral, FL 33909		Cape Coral, FL 33909	
Name and Title:		Name and Title:		
Address		Address:		
Name and Title	5:		e:	
Address				

N ARMAS-OCEJO Fax	: 12058811104	To:	Fax: (850) 617-6381	Page: 4 of 4	11/03/2020 11:33
Name ar	nd Title:		Name and Title:_		
Address	s		Address:		·
				<u> </u>	
					
ARTICLE VI					
The <u>name and F</u>	•		acceptable) of the registered agent	is:	
Name:	Carrillo, Pe	edro Jesus			
Address:	1831 NE 1	5th PI			
	Cape Cora	l, FL 33909			
ARTICI.E VII	INCORPORA	<u>TOR</u>			•
The name and a	ddress of the Inc	corporator is:			
Name:	Carrillo	o, Pedro Jesus			
Address:	1831 N	NE 15th Pl			
	_ Cape C	Coral, FL 33909	 		•
ARTICLE VIII Effective date, if	f other than the	date of filing: 11/01	/2020 (OP)		
(If an effective of filing.)	date is listed, th	he date must be speci	fic and cannot be more than fiv	e days prior or 90	days after the
		s block does not meet in the Department of St	the applicable statutory filing req	uirements, this date	will not be listed
the document 3	encenvo dato o	n me peparanem er er	0 1020/140/		
			ce of process for the above stated of ent as registered agent and agree		
	(grin) 4			10	/30/2020
	T / Réqui	ired Signature/Register	red Agent		Date
			ed herein are true. I am aware t d degree felony as provided for in		nation submitted
	ani	1DA		10/2	0/2020
Required Signat	11 1	77	· · · · · · · · · · · · · · · · · · ·	Date	VIEVEU