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Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FRAMILEX LLC
Account Number : 120150000086
Phone : (786) 469-9163
Fax Number : (305) 848-3716

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

LANDSCAPING SUAREZ I CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu

Help

J. DENNIS

DEC 17 2020

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COVER LETTER

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

SUBJECT: LANDSCAPING SUAREZ I CORP

(PROPOSED CORPORATE NAME - MUST INCLUDE 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

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: YOERMES SUAREZ GARCIA

Name (Printed or typed)

220 NE 12TH AVE LOT 196

Address

HOMESTEAD, FL 33030

City, State & Zip

(786)283-3224

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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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: LANDSCAPING SUAREZ I CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address
220 NE 12TH AVE LOT 196HOMESTEAD, FL 33030

Mailing address, if different is:

SAME ADDRESS**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: YOERMES SUAREZ GARCIA, PAddress: 220 NE 12TH AVE LOT 196HOMESTEAD, FL 33030

Name and Title: _____

Address: _____

Name and Title: XIOMARA ESTRADA GONZALEZ, VPAddress: 220 NE 12TH AVE LOT 196HOMESTEAD, FL 33030

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: YOERMES SUAREZ GARCIA
Address: 220 NE 12TH AVE LOT 196
HOMESTEAD, FL 33030

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: YOERMES SUAREZ GARCIA
Address: 220 NE 12TH AVE LOT 196
HOMESTEAD, FL 33030

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 12/16/2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

Required Signature/Registered Agent 12/16/2020
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.

Required Signature/Incorporator 12/16/2020
Date

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