## P21000018099

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

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## **COVER LETTER**

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



SUBJECT: EAST SHORE LANDSCAPES INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

정 \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate o Status PY REQUIRED
FROM: _[		ne (Printed or typed)	
	8180 NW 36	5+ #406 Address	>
_	Doral FL 331	y, State & Zip	
	305 _ Daytime	4-06 - 38 OC Telephone number	)
	ATPLUS @ L	IVE . COM sed for future annual report	notification)

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

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

Principal street address	Mailing address, if different is:	
8346 SW 161 ST	8346 SW 161 S	T
DORAL FL 33157	DORAL FL 3315	<del>}</del> _
,	s: Any and all Lawful busin	es:
The number of shares of stock is: CO		
The number of shares of stock is: CC	A JRICOINName and Title:	
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The number of shares of stock is:	A IRICOINName and Title:  ST Address:  Name and Title:  Address:	

Name and Title:	Name and Title:			
Address	Address:			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:			
Name: CHRTS A IRIEOTN				
Address: 6846 SW 161 ST				
boral, FL 33157				
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is:				
Name: CHRIS A IRIGOIN	<del></del>			
Address: 0346 Sw 161 ST	<del></del>			
Doral, FL 33157_				
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and of filing.)	(OPTIONAL) annot be more than five days prior or 90 days after the			
Note: If the date inserted in this block does not meet the applithe document's effective date on the Department of State's rec	cable statutory filing requirements, this date will not be listed as ords.			
Having been named as registered agent to accept service of pro- certificate, I am familiar with and accept the appointment as re	cess for the above stated corporation at the place designated in this gistered agent and agree to act in this capacity			
Bhous & Maigain Required Signature/Registered Agen	01/06/2011 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.				
Potoria A Trageia Required Signature/Incorporator	Date 01/06/2021			

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## **AFFIDAVIT**

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

- 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 January 06, 2021.
- 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 06 day of January 2021.

DAIANA AMADOR
State of Florida - Notary Public
Commission # HH 37154
My Commission Expires Aug. 27, 2024

Notary Public Signature