

3/2/2021

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

From: Account Name : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (888)653-6564

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

Email Address: eliaslopezperez1983@gmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION
Elias Garden Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

FILED
21 MAR -3 PM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2021 MAR -3 AM 9:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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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: Elias Garden Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 1021 SW 129 Ave , Miami, FL 33184

Mailing address, if different is:

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: Elias E Lopez Perez, President

Address: 1021 SW 129 Ave , Miami, FL 33184

ARTICLE VI REGISTERED AGENT

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

Ulloa & Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

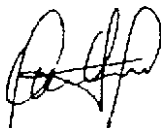
Ulloa & Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 03/01/2021

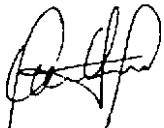
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/02/2021

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

03/02/2021

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