Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000087055 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number ; (305)675-5944

**Enter	the	email	address	for	this	busine	222	entity	to	be	used	for	future
anı	nual	report	t mailin	gs.	Enter	only o	one	email	add	ress	s ple	ase.	**

Email	Address:			
-------	----------	--	--	--

FLORIDA PROFIT/NON PROFIT CORPORATION SOUTH FLORIDA HARDSCAPES & WATER FEATURES INC

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

Electronic Filing Menu

Corporate Filing Menu

) DENNIS MAR - 3 7071 Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE 1 NAME: The name of the corporation is:

	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
6925 NV	V 173rd Drive
M-107	
<u>Hialeah, i</u>	FL 33015
	SHARES: The number of shares of stock is:
'A Trans	
	LETY INITIAL DIRECTORS AND/OR OFFICERS:
John William	is, CEO/President
William Mols	ster, Vice President
ARTICLE V	INITIAL REGISTERED AGENT AND STREET ADDRES
	INITIAL REGISTERED AGENT AND STREET ADDRES lorida street address (PO Box not acceptable) of the registered age
e name and F	
e name and F	lorida street address (PO Box not acceptable) of the registered age
e name and F	lorida street address (PO Box not acceptable) of the registered age
e name and F	lorida street address (PO Box not acceptable) of the registered age
e name and F William Mols	lorida street address (PO Box not acceptable) of the registered age ster, 6925 NW 173rd Drive, M-107, Hialeah, FL 33015 INCORPORATOR: The name and address of the Incorporate
e name and F William Mols	lorida street address (PO Box not acceptable) of the registered age ster, 6925 NW 173rd Drive, M-107, Hialeah, FL 33()15

Required Signatures:

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

Registered Agent 2/18/2021

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.

Incorporator

Date