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

(((H210001687673)))



H210001687673ABC5

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

Т				,
To:	D1 1 1 -			دار
	Division of Corporations			511
	Fax Number	: (850)617-6381		
From:				Æ
	Account Name	: LAZARUS CORPORATE FILING SERVICE, INC.		
	Account Number	: I20000000019		
	Phone	: (305)552-5973	•	
	Fax Number	: (305)675-5944	•	-;-
		(= /= 0 5500		
				i Ti
**Enter the email address for this business entity to be used for future				
annual report mailings. Enter only one email address please.**				\bigcirc
		product.	(.)	
Emai	I Address:	<u> </u>	 	

FLORIDA PROFIT/NON PROFIT CORPORATION MACHADO LANDSCAPING CORP

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

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

	ARTICLE I NAME: The name of the corporation is:
	Machado landscaping corp
	ARTICLE II PRINCIPAL OFFICE:
	The principal street address and mailing address is:
_	241 E 355+
_	HiAleah IL 33013
RTIC	LE III SHARES: The number of shares of stock is:
	ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
	VariNE RAFAEL MUCHADO (P)
	Roberto Gonzalez (VP)
	The company of the co
	ICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
	me and Florida street address (PO Box not acceptable) of the registered agent is:
	yarine rafael Machado
 -	241 E 35 St
	Hialeah F1 33013
ART	ICLE VI INCORPORATOR: The name and address of the Incorporator is:
	yarine Rafael Machado
	241 E 35 St
	Higher FI 33013

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

YariNE N. Machado 4/27/2021
Registered Agent 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.

VariNE h hachado 4/27/2021
Incorporator Date