Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ARIMIR SERVICES GROUP LLC

Account Number : 120200000022 Phone : (305)420-5722 Fax Number : (305)643-5225

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

Email Address: CESARARMANDO ROSA @ 6mail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

C & ROSA LANDSCAPING INC

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

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

name of the cor			
	UNCIPAL OFFICE		3.6 (0) 1.1 (0.000 4.1
Pri	incipal street 20771 SW 127TH CT		Mailing address, if different is:
	MIAMI FL 33177		
TICLE III PU	RPOSE		
purpose for whi	ich the corporation is organized is: ANY AN	D ALL LAWFU	L BUSINESS
			~
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number of shares	of stock is: 1,000		
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MAY/12/2021/WED 12:42 PM Arimir Services FAX No. 305-643-5225 P. 003 +210001910643

Name and Title:		Name and Title:	Name and Title:	
Address		Address:		
				
	REGISTERED AGENT Florida street address (P.O. Box NOT accep	table) of the registered agent is	:	
Name:	Cesar Rosa			
Address:	20771 SW 127TH CT	. <u></u>		
	MIAMI FL 33177			
A DELCT E LEI	ZAVGODDOD UTOD			
_	INCORPORATOR			
The <u>name and a</u>	ddress of the Incorporator is:			
Name:	Cesar Rosa			
Address:	20771 SW 127TH CT			
	MIAMI FL 333177			
ARTICI F VIII	EFFECTIVE DATE:			
Effective date, if	other than the date of filing:			
(If an effective d filing.)	late is listed, the date must be specific and	cannot be more than five d	ays prior or 90 days after the	
Note: If the date	inserted in this block does not meet the app	licable statutory filino require	ments, this date will not be listed as	
	ffective date on the Department of State's re		ments, this date will not be instead as	
	ned as registered agent to accept service of pro			
certificate, Lam fi	nmiliar with and accept the appointment as r	egistered agent and agree to a	_ ·	
Ta	M		5/12/2021	
	Required Signature/Registered Ager	nt	Date	
	ument and affirm that the facts stated herei			
document to the L	epartment of State constitutes a third degree	jesony as provided for in s.81		
tar			5/12/2021	
Required Signatur	e/Incorporator		Date	