P22000032931

(Re	equestor's Name)		
(Address)			
(Ac	ddress)		
(Ci	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Do	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer.			
		į	

Office Use Only



300387112523





CORPORATE ACCESS, _____

CORPORATE When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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		PICK UP:	5/3 Danny		
- 1	CERTIFIED COP	Υ			
$\zeta\chi$	РНОТОСОРУ			-	
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X	FILING	COR	P		
	ORPORATE NAME AND I				
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CIAL	ORPORATE NAME AND D		this account:		

Dinda Ben

COVER LETTER

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

	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	la check for:
x□ \$70.00 Filing Fee	X \$78.75 Filling Fee & Certificate of Status	: 178.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM: —	Total Account Nam 14651 SW 148 th Stra	ne (Printed or typed)	
_	·-	Address	
	City	y, State & Zip	
	Miami FL 33196		
	Daytime (305) 495-8863	Telephone number	

Taservices01@gmail.com

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

FILED

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

2022 MAY -3 AM 11: 45

ARTICLE I NAME	Landscaping Suarez	II Corp State State State
ne name of the corporation sha		TALL AHASSEE. FL
ARTICLE II PRINCIPAL Princi	. <u>OFFICE</u> ipal <u>street</u> address	Alailing address, if different is:
220 NE 12 th Lot 196 Homestead		
ARTICLE III PURPOSE		
The purpose for which the cor	rporation is organized is:An	y and all lawful business Landscaping
, .		
	-	
	with the second	
	is: 100 shares FFICERS AND/OR DIRECTORS Yourmes Suarez Garcia President= 50%/100 Shares	Name and Title:
Address		_Address:
220 NE 12 Lot 196 Homestead	^{gh} Ave d FL 33030	
Name and Title: Xiomara Estrad Vice President :		Name and Title:
A.d.dam.		Address:
Address	Oth A	MIMI NOTE
220 NE 1	2" AVC	

Lot 196

Homestead FL 33030

ARTICLETT	REGISTERED AGENT	
The <u>name and f</u>	Florida street address (P.O. Box NOT acceptable) of the register	ed agent is:
Name:	Yoermes Suarez Garcia	
A 11		
Address:	220 NE 12th Ave	
	Lot 196	
	Homestead FL 33030	<u>.</u>
		202
		72
ARTICLE VII	<u>INCORPORATOR</u>	2
		# & T
The name and	address of the Incorporator is:	75
Name:	Yoermes Suarez Garcia	2022 MAY -3 AM 11: 45 TALL AHASSEE FL
		트
Address:	220 NE 12th Ave	
	Lot 196	
	Homestead FL 33030	
ARTICLE VII	I_EFFECTIVE DATE:	
	if other than the date of filing: 05//2/2022	. (OPTIONAL)
		at the state of th
(If an effective filing.)	e date is listed, the date must be specific and cannot be more	than five days prior or 90 days after the
•••		
	ite inserted in this block does not meet the applicable statutory	illing requirements, this date will not be listed as
the document's	s effective date on the Department of State's records.	
Having been u	amed as registered agent to accept service of process for the abov	og statul corporation at the place designated in this
- Having been no - certificate. I an	amea as registerea agent to accept service of process for the above a familiar with and accept the appointment as registered agent at	e statea corporation in the place designated in this id agree to act in this capacity
cc, ry remove a min		
Yoerm	es Suarez Garcia TMMS Jun GMM9	05/02/2022
•	Required Signature/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.

05/02/2022

Date

Yoermes Snarez Garcia Journes and Garcia

Required Signature/Incorporator