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Division of Corporations

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Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
LRL SERVICES LANDSCAPE INC

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

STATE OF FLORIDA
TALLAHASSEE, FL

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

ARTICLE I NAMEThe name of the corporation shall be: LRL SERVICES LANDSCAPE INC**ARTICLE II PRINCIPAL OFFICE**Principal street address20405 SW 122 AVEMIAMI, FL 33177

Mailing address, if different is:

20405 SW 122 AVEMIAMI, FL 33177**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: SHARES: 100 @ \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LEONARDO RAMOS LOPEZ - P

Name and Title: _____

Address 20405 SW 122 AVE

Address: _____

MIAMI, FL 33177

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FL

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Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: LEONARDO RAMOS LOPEZ
Address: 20405 SW 122 AVE
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEONARDO RAMOS LOPEZ
Address: 20405 SW 122 AVE
MIAMI, FL 33177

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

/s/ Leonardo Ramos Lopez
Required Signature/Registered Agent

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.

/s/ Leonardo Ramos Lopez
Required Signature/Incorporator

01/26/2024
Date: _____
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TALLAHASSEE, FL
Date: _____

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