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(Req	uestor's Name)	·			
(Addi	ress)				
(Addı	ress)				
(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

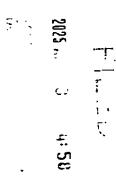




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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

	tion shall be: CAHUEQUE LANDS		
<u>ICLE II PRINC</u>		Mailing address, if different	ant in
52 SW 136 AVE. M	Principal <u>street</u> address IIAMI FL 33186	Maining address, it differs	CHUIS.
			<u> </u>
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ICLE III PURP	<u>OSE</u>	APING SERVICE	
purpose for which i	he corporation is organized is: LANSC	WO OFWICE	
TICLE IV SHAR number of shares of	ES stock is: 100		
ICLE V INITIA	AL OFFICERS AND/OR DIRECTORS		
ICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
ICLE V INITIA	AL OFFICERS AND/OR DIRECTORS	Name and Title:	
Name and Title	CARLOS CAHUEQUE, PRES 14352 SW 136 AVE.	Name and Title:	
Name and Title	AL OFFICERS AND/OR DIRECTORS a: CARLOS CAHUEQUE, PRES	Name and Title:	
Name and Title	CARLOS CAHUEQUE, PRES 14352 SW 136 AVE. MIAMI, FL33186	Name and Title:	
Name and Title	CARLOS CAHUEQUE, PRES 14352 SW 136 AVE.	Name and Title:	
Name and Title Address	AL OFFICERS AND/OR DIRECTORS CARLOS CAHUEQUE, PRES 14352 SW 136 AVE. MIAMI, FL33186	Name and Title:Address:	
Name and Title Address Name and Title	CARLOS CAHUEQUE, PRES 14352 SW 136 AVE. MIAMI, FL33186	Name and Title: Address: Name and Title:	
Name and Title Address	AL OFFICERS AND/OR DIRECTORS CARLOS CAHUEQUE, PRES 14352 SW 136 AVE. MIAMI, FL33186	Name and Title: Address: Name and Title:	
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Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS CARLOS CAHUEQUE, PRES 14352 SW 136 AVE. MIAMI, FL33186	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	nd Title:	Name and Title:	
Address		Address:	
			
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptab	ole) of the registered agent is:	
ame:	CARLOS CAHUEQUE		
ddress:	14352 SW 136 AVE.		
	MIAMI, FL 33186		
	<u>INCORPORATOR</u>		
ie <u>name and s</u>	oddress of the Incorporator is:		
Name:	CARLOS CAHUEQUE		
Address:	14352 SW 136 AVE.		
	MIAMI, FL 33186		
ran effective ing.) ote: If the dat	f other than the date of filing: date is listed, the date must be specific and content in this block does not meet the applient effective date on the Department of State's reconstruction.	cable statutory filing requirements,	
	med as registered agent to accept service of proc familiar with and accept the appointment as re		
	•		03/28/2025
—	Required Signature/Registered Agent	l	Date
	ocument and affirm that the facts stated herein Department of State constitutes a third degree		
		Date	03/28/2025
equired Signat	ture/Incorporator	Date	7
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CAHUEQUE LANDSCAPING, INC

14352 SW 136 AVE., MIAMI, FL 33186 Email: carloscahueque@yahoo.com Ph: 305-339-3585

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

To Whom It May Concern:

I Carlos Cahueque owner of Cahueque Landscaping, Inc. closed my business, and I do not intend to reopen it. I want to reuse the name of this corporation Cahueque Landscaping, Inc. for the new corporation I'm applying for.

If you have any questions or concerns, please contact me.

Carlos Cahueque

Sincerely,

STATE OF FLORIDA COUNTY OF MIAMI DADE

COUNTY OF MIAMI DADE	
Sworn to (or affirmed) and subscribed before me Carlos Cahueque	e this <u>28</u> day of <u>March</u> , 20 <u>25</u> , by
MARIA A. GARCIA MY COMMISSION # HH 582 EXPIRES: August 13, 2021	(Signature of Notary Public-State of Florida) Maria A. Garcia
(NOTAKT SEAL)	(Name of Notary Typed, Printed, or Stamped)
Personally Known OR Produced Identif Type of Identification Produced	ication