Division of Corporations Electronic Filing Cover Sheet

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

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Division of Corporations Fax Number : (850)617-6381 From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944	To:		
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Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944		Fax Number	: (850)617-6381
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Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944		Account Name	: LAZARUS CORPORATE FILING SERVICE, INC
Fax Number : (305)675~5944		Account Number	: 120000000019
Fax Number : (305)675~5944		Phone	: (305)552-5973
***************************************		Fax Number	
**F-A			
Enter the email address for this business entity to be used for future (annual report mailings. Enter only one email address please.	**Ente	er the email addr annual report mai	ess for this business entity to be used for future (:: lings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION HUGO OLGUIN LANDSCAPING, CORP.

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Electronic Filing Menu

Corporate Filing Menu

Help

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

1.

AKTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE 1 NAME: The name of the corporation is:	
Hugo Olquin Landscapina C	жF
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
#309	
Miami FL 33173	•
ARTICLE III SHARES: The number of shares of stock is:	
AKTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
Hugo Olguin (President)	
AKTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered spent is:	
8724 SW 72 St #309	
Miami FL 33173	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
Hugo Olguin	
8124 SW 12 ST #509 Migmi: FL 33173	ļ

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 accept this capacity

Jugo Olgolo Registered Agent Signature 1/20/15

Submit this document and affirm that the facts stated herein are true. I am tware 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.

Hugo Olgan

1/20/15

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