

PO6000/103/6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

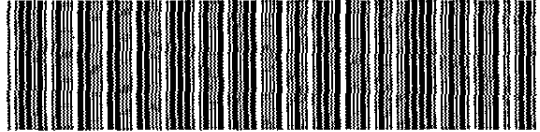
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800078932768

08/21/06--01037--022 \*\*70.00

06 AUG 21 AM 9:07  
REGISTRY OF STATE  
TALLAHASSEE FLORIDA

FILED

Pa

**COVER LETTER**

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

**SUBJECT:** ORQUIDIA CORPORATION  
**(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

**FROM:** JOSE R LEGON  
Name (Printed or typed)

1044 PENNSYLVANIA AVENUE APT 4  
Address

MIAMI BEACH FLORIDA 33139  
City, State & Zip

786-426-1857      305-531-2410  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

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

**ARTICLE I NAME**

The name of the corporation shall be:

ORQUIDIA CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

1044 PENNSYLVANIA AVENUE APT 4 MIAMI BEACH FLORIDA 33139

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ALL LAWFUL BUSSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

10.000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JOSE R LEGON PRESIDENT  
1044 PENNSYLVANIA AVENUE APT 4 MIAMI BEACH FLORIDA 33139

ELIZABETH LEGON VICE PRESIDENT  
1044 PENNSYLVANIA AVENUE APT 4 MIAMI BEACH FLORIDA 33139

**ARTICLE VI REGISTERED AGENT**

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

JOSE R LEGON PRESIDENT  
1044 PENNSYLVANIA AVENUE APT 4 MIAMI BEACH FLORIDA 33139

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOSE R LEGON PRESIDENT  
1044 PENNSYLVANIA AVENUE APT 4 MIAMI BEACH FLORIDA 33139

\*\*\*\*\*  
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

X Jose Legon  
Signature/Registered Agent

8-16-06  
Date

X Jose Legon  
Signature/Incorporator

8-16-06  
Date

FILED  
06 AUG 21 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA