

Florida Department of State  
Division of Corporations  
Public Access System

## 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.**

(((H08000163070 3)))



H080001630703ABCZ

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

RECEIVED  
08 JUN 30 PM 4:33  
DIVISION OF CORPORATION

## FLORIDA PROFIT/NON PROFIT CORPORATION

C.G. ORCHID GROVE 622, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

FILED  
08 JUN 30 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS

Electronic Filing Menu

Corporate Filing Menu

Help

*Articles of Incorporation* (((H08000163070)))  
*of*  
*C.G. Orchid Grove 622, Inc.*

---

**ARTICLE I. NAME**

The name of this corporation is: C.G. Orchid Grove 622, Inc.

**ARTICLE II. NATURE OF BUSINESS**

The corporation is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III. TERM OF EXISTENCE**

The duration of the corporation is perpetual.

**ARTICLE IV. CAPITAL STOCK**

The corporation is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V. ADDRESS**

The principal and mailing address of the corporation is:

**2121 Ponce de Leon Blvd. Suite 1050  
Coral Gables, FL 33134**

and the name of the initial registered agent of this corporation at this address is:

**Consulting Services of South Florida, Inc.  
2121 Ponce de León Blvd.  
Suite 1050  
Coral Gables, FL 33134**

**FILED**  
08 JUN 30 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI, INITIAL DIRECTORS AND OFFICERS** (HIS 8000163070)))

The corporation shall have (2) directors and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial directors and officers are:

***Nelson Guillermo Colina***  
***President / Director***  
***2121 Ponce de Leon Blvd. Suite 1050***  
***Coral Gables, FL 33134***  
***&***  
***Ivette G. Giron de Colina***  
***Secretary / Director***  
***2121 Ponce de Leon Blvd. Suite 1050***  
***Coral Gables, FL 33134***

**ARTICLE VII, INCORPORATOR**

The name and address of the incorporator of this corporation is:

***Antonio Garcia***  
***2121 Ponce de León Blvd.***  
***Suite 1050***  
***Coral Gables, FL 33134***

  
***Antonio Garcia***  
***Incorporator***

*Acceptance of Appointment  
As Registered Agent*

((H08000163070)))

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: *C.G. Orchid Grove 622, Inc.*
2. The name and address of the registered agent and office is:

***Consulting Services of South Florida, Inc.***  
***2121 Ponce de León Blvd.***  
***Suite 1050***  
***Coral Gables, FL 33134***

SIGNATURE

TITLE

DATE

*Incorporator*

*June 25th, 2008*

FILED  
08 JUN 30 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in the capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE

For: *Consulting Services of South Florida, Inc.*

DATE

*June 25th, 2008*