

P/4000025015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

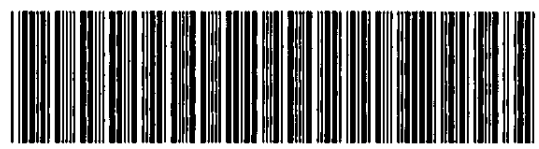
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14 MAR 17 AM 1:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

π 03/20/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 28, 2014

JESUS LEMUEL S. ALVAREZ  
718 ST. CROIX COVE  
NICEVILLE, FL 32578

SUBJECT: BULAKLAK KATURAY, INC.  
Ref. Number: W14000013084

14 MAR 17 AM 11:23  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

We have received your document for BULAKLAK KATURAY, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00004457

## COVER LETTER

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

BULAKLAK KATURAY, INC.

SUBJECT: \_\_\_\_\_  
(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       \$78.75  
Filing Fee      Filing Fee  
                                 & Certificate of Status

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

**ADDITIONAL COPY REQUIRED**

FROM: JESUS LEMUEL S. ALVAREZ  
\_\_\_\_\_  
Name (Printed or typed)

718 ST. CROIX COVE  
\_\_\_\_\_  
Address

NICEVILLE, FL 32578  
\_\_\_\_\_  
City, State & Zip

(850) 582-1780  
\_\_\_\_\_  
Daytime Telephone number

jesuslemuel@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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**      **BULAKLAK KATURAY, INC.**

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4300 LEGENDARY DRIVE  
BUILDING C, SUITE 218, OFFICE 204  
DESTIN, FL 32541

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**      **FLORAL CREATIONS AND GIFT BASKET SALES**

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**      **10,000**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: LEMUEL R. ALVAREZ  
CHAIRMAN  
Address: 403 GREENWOOD WAY  
NICEVILLE, FL 32578

Name and Title: TERESITA S. ALVAREZ  
VICE CHAIRMAN + PRESIDENT  
Address: 403 GREENWOOD WAY  
NICEVILLE, FL 32578

Name and Title: JESUS LEMUEL S. ALVAREZ  
VICE CHAIRMAN + TREASURER  
Address: 718 ST. CROIX COVE  
NICEVILLE, FL 32578

Name and Title: RAPHAELLE MARTESSA S. ALVAREZ  
VICE PRESIDENT + SECRETARY  
Address: 2443 ECON CIRCLE, APT 25  
ORLANDO, FL 32817

Name and Title: RAYMOND S. ALVAREZ  
VICE PRESIDENT  
Address: 596 LOBLOLLY BAY DRIVE  
SANTA ROSA BEACH, FL 3245

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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:

JESUS LEMUEL S. ALVAREZ

Name: \_\_\_\_\_

718 ST. CROIX COVE

Address: \_\_\_\_\_

NICEVILLE, FL 32578

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JESUS LEMUEL S. ALVAREZ

Name: \_\_\_\_\_

718 ST. CROIX COVE

Address: \_\_\_\_\_

NICEVILLE, FL 32578

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*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*



Required Signature/Registered Agent

MARCH 10, 2014

Date

*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.*



Required Signature/Incorporator

MARCH 10, 2014

Date