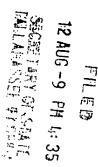
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| (Re                                     | questor's Name)   |           |  |
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E Burch : ALS 1:0 2012

## **COVER LETTER**

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

| SUBJECT: Flora Foundation, Inc.  |  |  |  |  |
|--|--|--|--|--|
| (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)  |  |  |  |  |
| Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:   |  |  |  |  |
| \$70.00 \$78.75 Filing Fee & Certificate of & Certified Copy. 1866 Certificate  \$78.75 Filing Fee & Certified Copy. 1866 Certified Copy. 2866 Certificate |  |  |  |  |
| ADDITIONAL COPY REQUIRED   |  |  |  |  |
| FROM: Annette R. Cavallo Name (Printed or typed)   |  |  |  |  |
| 3523 Jamison Dr.   |  |  |  |  |
| Apopka, FL 32703 City, State & Zip   |  |  |  |  |
| 283 Cran Represent Bulantonse number  arcavallo@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 617, F.S., (Not for Profit)

Flora Foundation, Inc.

| The name of the corpo   | oration shall be:   |   |  |
|---|---|---|--|
| ARTICLE II P  | RINCIPAL OFFICE   |   |  |
|   | Principal street address  |   | Mailing address, if different is:  |
|   | 283 Cranes Roost Blvd., Ste. 111  | _ <u> </u>  | O. Box 160095  |
|   | Altamonte Spings, FL 32714  |   | Itamonte Springs, FL 32716-0095  |
| ARTICLE III   | <u>PURPOSE</u>  |   | 1  |
|   | ch the corporation is organized is:   |   |  |
| corresponding section of any future corporation shall be authorized and corporation, assets shall be distribute federal government or to a state. | e federal tax code. No part of the net earnings of the corporation shall inure to<br>diempowered to pay reasonable compensation for services rendered and to ma | the benefit of, or be distributable<br>ske payments and distributions in<br>of the internal Revenue Code, or<br>of shalf be disposed of by a Cour | furtherance of the purposes set forth above. Upon the dissolution of the<br>the corresponding section of any future federal tax code, or shall be distributed to<br>t of Competent Jurisdiction of the county in which the principal office of the |
| ARTICLE IV  | MANNER OF ELECTION The manner in  | which the directors   | are elected and appointed:   |
|   | vote of existing directors.   |   |  |
|   | INITIAL OFFICERS AND/OR DIRECTO   | RS  | AUG -  |
|   | ::  |   | 30 1   |
| Address:  |   |   | (A. 4) O [   |
| Address.  |   | _ Address   | constant man   |
| •   |   |   |  |
|   |   |   |  |
| Name and Title  | :   | Name and Title  |  |
| Address:  |   | Address:  | State Of   |
| , radios.   |   |   |  |
|   |   |   |  |
| Name and Title  |   |   |  |
| Address:  |   |   |  |
|   |   |   |  |
|   |   | -   |  |
|   | REGISTERED AGENT<br>la street address (P.O. Box NOT acceptable) of  | f the registered agen   | t is:  |
| Name:   | Jananh K Direk Farr   | -   | • 15.  |
| Address:  | Joseph K. Birch, Esq.<br>500 S.R. 436. Ste. 2094  |   |  |
| riddi Ç33.  | Casselberry, FL 32707   |   |  |
|   | Dassiberry, FL 32101  | <b>-</b><br>-   |  |
| ARTICLE VII I   | NCORPORATOR   |   |  |
| The name and addre  | ss of the Incorporator is:  |   |  |
| Name:   | Annette R. Cavallo  | _   |  |
| Address:  | 283 Cranes Roost Blvd., Ste. 111  |   |  |
|   | Altamonte Springs, FL 32714   | _   |  |
|   | as registered agent to accept service of proce<br>liar with and accept the appointment as register  |   | ated corporation at the place designated in this to act in this capacity $ 8-57-12 $   |
|   | Required Signature of Registered Agent  |   | Date   |
|   |   |   | it any false information submitted in a document<br>F.S.   |
|   | / // = = 0 //   | /   | ,  |
|   | annette R. Cavall   | <del></del>   | august 7, 2012   |
|   | Required Signature of Incorporator  |   | / Date   |