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### FLORIDA PROFIT/NON PROFIT CORPORATION ASOCIACION DE ORQUIDEOLOGIA DE MIAMI INC

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June 7, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

**LAZARUS** 

SUBJECT: ASOCIACION DE ORQUIDEOLOGIA DE MIAMI INC

REF: W13000033207

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Tim Burch Regulatory Specialist II New Filing Section FAX Aud. #: H13000127019 Letter Number: 713A00014360

## H 1 3 0 0 0 1 2 7 0 1 9 ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

#### ARTICLE I NAME:

The name of the corporation shall be:

ASOCIACION DE ORQUIDEOLOGIA DE MIAMI INC

#### ARTICLE II PRINCIPAL PLACE OF BUSINESS AND MAILING ADDRESS

The principal and mailing address of this corporation is:

14231 SW 152 PLACE Miami FL 33196

#### ARTICLE III PURPOSE (S)

The specific purpose(s) for which the corporation is organized is (are):

To help people how to take Care of Orchids

#### ARTICLE IV MANNER OF ELECTION:

The manner in which the directors are elected or appointed is as follows:

By the by-LAWS

H13000127019

H 1 3 0 0 0 1 2 7 9 1 9		
ARTICLE V LIMITATION OF CORPORATE POWERS: The corporate powers of this corporation are as provided the section 617.0302, Florida Statutes, unless limited as follows:		
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS		
CARLOS San Martin		
1930 SW 57 PL		
Miami FL 33155		
ARTICLE VII DIRECTORS (must have the minimum of three directors) NAME AND ADDRESS:		
MIRTA R HEINEMAN - David		
Carmen Segrera - Director Carlos Santa Maria - Director	21)	l· -
Color Diector		
CARLOS Santa Maria - Direct	72.	
	3 3 3	
	] 	
ARTICLE VIII INCORPORATOR	7.00	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
$\stackrel{\sim}{\sim}$	AH II:	
The name and street address of the incorporator for these Article of Incorporator is:	အ	
Carlos San Martin		
1930 SW 57 PL		
Miami FL 33155		
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.		
Calo of meting 6/4/2013		
~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	. 1	

Calo of by eting	6105/4/2013
Registered Agent Signature	Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Cont of	mates	6/4/2013
Incorporator	Signature	Date

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