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DEC 20 2020

COVER LETTER

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

SUBJECT: LOXA PALMS NURSERY 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
Filing Fee

☒ \$78.75
Filing Fee &
Certificate of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: NORA VASQUEZ
Name (Printed or typed)

3790 161ST Terrace North
Address

LOKAHATCHEE FL. 33470.
City, State & Zip

561-229-5243.
Daytime Telephone number

MERCE1829CH@LIVE.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)

ARTICLE I NAME

The name of the corporation shall be: LOXA PALMS NURSERY INC.,

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

3790 161ST TERRACE North

SAME

LOXAHATCHEE FL. 33470

ARTICLE III- PURPOSE

The purpose for which the corporation is organized is: TO USE PART OF THE PROPERTY TO PLANT FRUITS AND VEGETABLES TO HARVEST & PROVIDE TO THE PUBLIC THE OPPORTUNITY TO PURCHASE OUR FRUITS, COCONUT PLANTS, & PALM TREES AT WHOLESALE & RETAIL PRICE. IN ADDITION PROVIDE PLANTS & FRUIT TREES AT HUGE DISCOUNT PRICE TO THOSE WHO CAN'T AFFORD STORE PRICES TO SAVE THEM MONEY IN TURN MAKE A DIFFERENCE IN THE COMMUNITY.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NORA VASQUEZ CEO Name and Title: _____

Address 3790 161ST TERRACE N. Address: _____
LOXAHATCHEE FL. 33470

Name and Title: PIERRE L. LHERISSON ^{Pres.} Name and Title: _____

Address 3790 161ST TERRACE Address: _____
LOXAHATCHEE FL. 33470

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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NOTARIAL PUBLIC
STATE OF FLORIDA

Name and Title: _____ Name and Title: _____

Address _____ 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:

Name: NORA VASQUEZ

Address: 3790 161ST TERRACE NW
LOKAHATCHEE FL. 33470

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: NORA VASQUEZ

Address: 3790 161ST TERRACE NW
LOKAHATCHEE FL. 33470

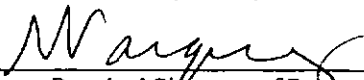
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

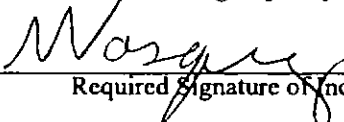
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 
Required Signature of Registered Agent

12/2/20
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.

x 
Required Signature of Incorporator

12/2/20
Date

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