

PA0000028675

TRANSMITTAL LETTER

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

200003171152--4
-03/15/00--01072--009
*****87.50 *****87.50

SUBJECT: CYMBIDIUM FLOWER SHOP, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: SANDRA FORERO
Name (Printed or typed)

4290 N.W 4TH STREET
Address

MIAMI FL 33126
City, State & Zip

305-4392648
Daytime Telephone number

FILED
00 MAR 15 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

3-22
WC

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CYMBIDIUM FLOWER SHOP INC..

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 4290 N.W 4TH STREET
MIAMI FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BUY, SELL AND DESIGN
FLOWERS, AND ACCESSORIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es): SANDRA FORERO - PRESIDENT
HERNANDO FORERO - VICE-PRESIDENT
HERNANDO FORERO - SECRETARY

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent are: HERNANDO FORERO
4290 N.W 4TH STREET
MIAMI FL 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator are: SANDRA FORERO
4290 N.W 4TH STREET
MIAMI FL 33126

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 this capacity. I further agree to comply with the provisions 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/Registered Agent

03-14-00

Date


Signature/Incorporator

03-14-00

Date

FILED
00 MAR 15 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FL 32304