# Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850)922-4001

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone

Fax Number

: (305)599-0839 : (305)716-0346

# FLORIDA PROFIT CORPORATION OR P.A.

# BOTANICA "LA CHIQUI" INC

Certificate of Status	0
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# ARTICLES OF INCORPORATION OF

BOTANICA "LA CHIQUI " INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE L NAME

The name of the corporation shall be:

BOTANICA "LA CHIQUI" INC The principal place of business of this corporation shall be: 767 N.W 37 AVE Miami Fl 33126

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:  $_{1,000~\mathrm{Shares}}$  \$ 1.00 Per value

## ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer (s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ORESTES TORRES 767 N.W 37 Ave Miami Fl 33126 PRES/SEC

ALEJANDRINA TORRES TRE 767 N.W 37 Ave Miami Fl 33126

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# ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

ORESTES TORRES 767 N.W 37 Ave Miami Fl 33126 ALEJANDRINA TORRES 767 N.W 37 Ave Miami Fl 33126

IN WITNESS WHEREOF, the undersigned incorporator(s) has (have) executed these Articles of Incorporation this,

14 day of August 2,000

Signature(s) of Incorporator(s)

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# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The r	name	of the c	orporat	ion:		
2. The name and address of the registered agent and office is: ORESTES TORRES  767 N.W 37 AVE						
		Miami	Fl 33126			
(CITY/STATE/ZIP)						
OD AUG 15 AM 8: 25 SECNETARY OF STATE TALLAHASSEE, FLORIDA				SIGNATURE President  TITLE President  DATE August 14, 2000		
HAVING	BEEN	NAMED	TO ACCE	PT SERVICE OF PROCESS FOR THE		

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I PURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

DATE August 14, 2000