

P03000129841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

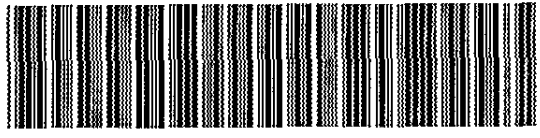
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01 NOV 12 PM 8:36
STATE DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

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03 NOV 12 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. THE KINGS OF THE PLANTS INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Walk in Pick up time 2:00 Certified Copy

Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

THE KINGS OF THE PLANTS INC.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

25947 S W 139 Avenue,
Naranja, Florida 33032

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

FIVE HUNDRED SHARES (500)

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAGDA PALACIO
25947 S W 139 Avenue
Naranja, Florida 33032

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 12 PM 1:08

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03 NOV 12 PM 1:08

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MAGDA PALACIO President/ Secretary 25947 SW 139 Ave. Naranja, Fla.

REYNALDO PALACIO Vice President/ Treasurer
25947 SW 139 Ave. Naranja, Fla.

The undersigned incorporator has executed these Articles of Incorporation this 10 *day of* November 2003

X 
Magda Palacio
Signature

ARTICLE VI - DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

MAGDA PALACIO President/Secretary
25947 SW 139 Avenue,
Naranja, Florida 33032

REYNALDO PALACIO Vice President/ Treasurer
25947 S W 139 Avenue,
Naranja, Florida 33032

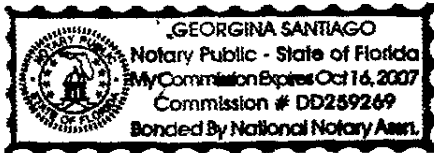
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

X 
Registered Agent Signature
Magda Palacio

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
10th day of November, 192003 by MAGDA PALACIO
who is personally known to me or who has produced personally known
as Identification and who did (did not) take an oath.



Georgina Santiago
Notary Public

Georgina Santiago
Typed or Printed Name of Notary
My commission expires on:

STATE OF FLORIDA)
)
COUNTY OF DADE)

The foregoing instrument was acknowledged before me this
10th day of November, 192003 by Reynaldo Palacio
who is personally known to me or who has produced Personally known
as Identification and who did (did not) take an oath.

Georgina Santiago
Notary Public

Georgina Santiago
Typed or Printed Name of Notary.

My commission expires on:

