

PO4000083688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

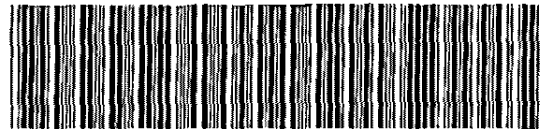
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500036246455

05/25/04--01071--001 **78.75

04 MAY 25 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

7505/26/04

TRANSMITTAL LETTER

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

SUBJECT: Full Bloom Company

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Aida Briele

Name (Printed or typed)

2701 LeJeune Road Suite 300

Address

Coral Gables, FL 33134

City, State & Zip

305-443-5768

Daytime Telephone number

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

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:

Full Bloom Company

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

220 Miracle Mile Suite 234
Coral Gables, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any or all lawful business for which corporations may be incorporated under the Florida general corporation act of the state of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Nalvis Valera, President
Jose Luis Valera, Vice-President
Nalvis Valera, Secretary

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Aida Briele
2701 LeJeune Road Suite 300
Coral Gables, FL 33134


ARTICLE VII INCORPORATOR

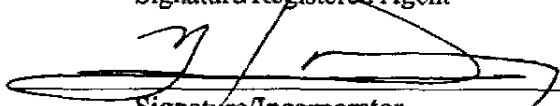
The name and address of the Incorporator is:

Nalvis Valera
220 Miracle Mile Suite 234
Coral Gables, FL 33134

FILED
04 MAY 25 PM 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Signature/Registered Agent


Signature/Incorporator

5-19-04

Date

05-19-04

Date