

PD5000014150

(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



600045188606

FILED

2005 JAN 24 P 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/24/05--01023--022 **78.75

9
D. WHITE JAN 27 2005

TRANSMITTAL LETTER

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

SUBJECT: AVALON NURSERY INC.
(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: BRIAN ROGERS
Name (Printed or typed)

6835 SW 70TH AVENUE
Address

MIAMI FL 33143
City, State & Zip

786-252-3901
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:

AVALON NURSERY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6835 SW 70TH AVENUE
MIAMI FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PLANT NURSERY

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):

BRIAN ROGERS
6835 SW 70TH AVENUE
MIAMI FL 33143
PRESIDENT

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

BRIAN ROGERS
6835 SW 70TH AVENUE
MIAMI FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BRIAN ROGERS
6835 SW 70TH AVENUE
MIAMI FL 33143

2005 JAN 24 P 3:48
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

FILED

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

1/19/05
Date


Signature/Incorporator

1/19/05
Date