

P05000138317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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05 OCT 10 PM 3:34  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*  
10/11/05

**COVER LETTER**

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

SUBJECT: BR PALMS, 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: Belkys Hernandez  
Name (Printed or typed)

5515 S.W. 135th Ct.  
Address

Miami, FL 33175  
City, State & Zip

(786) 488-4809  
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:

BR PALMS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5515 S.W. 135th CT., MIAMI, FL 33175

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NURSERY PLANTS SALE

## ARTICLE IV SHARES

The number of shares of stock is:

ONE

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Belkys Hernandez  
5515 SW 135th Ct  
Miami, FL 33175  
Director

## ARTICLE VI REGISTERED AGENT

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

Belkys Hernandez  
5515 SW 135th Ct  
Miami, FL 33175

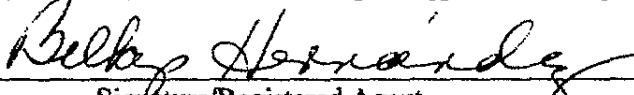
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Belkys Hernandez  
5515 SW 135th Ct  
Miami, FL 33175

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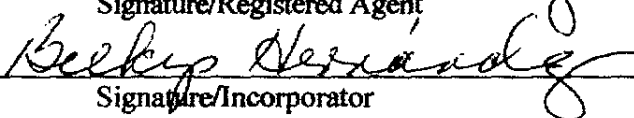
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

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CLERK OF DISTRICT COURT  
STATE OF FLORIDA