

PO6000139269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

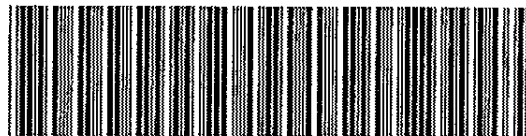
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Shivers NOV 03 2006

COVER LETTER

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

SUBJECT: _____

PINEDA 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: _____

MARIA TERESA PINEDA
Name (Printed or typed)

26000 S.W. 177TH AVE.
Address

HOMESTEAD, FL 33031
City, State & Zip

786-236-5853
Daytime Telephone number

RECEIVED
DIVISION OF STATE
CORPORATIONS
FLORIDA

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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:

PINEDA NURSERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

26000 SW 177TH AVE.
HOMESTEAD, FL. 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE / DISTRIBUTOR / SALES

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):

MARIA TERESA PINEDA
26000 S.W. 177TH AVE
HOMESTEAD, FL. 33031

ARTICLE VI REGISTERED AGENT

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

MARIA TERESA PINEDA
26000 S.W. 177 AVE.
HOMESTEAD, FL. 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIA TERESA PINEDA
26000 S.W. 177 AVE.
HOMESTEAD, FL. 33031

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:

(X) Maria T. Pineda

Signature/Registered Agent

(X) Maria T. Pineda

Signature/Incorporator

10/31/06

Date

10/31/06

Date

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA