

PD7000014462

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FLORIDA PROFIT/NON PROFIT CORPORATION

ORCHID GROVE 409, CORP.

Certificate of Status	0
Certified Copy	1
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*Articles of Incorporation
of
Orchid Grove 409, Corp.*

FILED

07 JAN 31 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I, NAME

The name of this corporation is *Orchid Grove 409, Corp.*

ARTICLE II, NATURE OF BUSINESS

The corporation is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

ARTICLE III, TERM OF EXISTENCE

The duration of the corporation is perpetual.

ARTICLE IV, CAPITAL STOCK

The corporation is authorized to issue 100 shares of common stock, par value \$1.00 per share.

ARTICLE V, ADDRESS

The principal address of the corporation is:

*2121 Ponce de León Blvd. Suite 1050
Coral Gables, FL 33134*

The mailing address of the corporation is:

*2121 Ponce de León Blvd. Suite 1050
Coral Gables, FL 33134*

and the name of the initial registered agent of this corporation at this address is:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON
SUITE 1050
CORAL GABLES, FL 33134

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ARTICLE VI, INITIAL DIRECTORS AND OFFICERS

The corporation shall have four (4) directors, and the number of directors may be changed as provided in the bylaws, but shall never be less than one. The name and address of the initial director and officers are:

Yenis Martin
1720 SW 155 Ave.
WESTON, FL 33326

President / Director

Ignacio Galdos
1720 SW 155 Ave.
WESTON, FL 33326

Secretary / Director

Itaqui R. Galdos
1720 SW 155 Ave.
WESTON, FL 33326

Director

Brianis Muñoz
1720 SW 155 Ave.
WESTON, FL 33326

Director

ARTICLE VII, INCORPORATOR

The name and address of the incorporator of this corporation is:

Antonio Garcia
2121 Ponce de León Blvd.
Suite 1050
Coral Gables, FL 33134


Antonio Garcia
Incorporator

ACCEPTANCE OF APPOINTMENT

OF

REGISTERED AGENT

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Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: *Orchid Grove 409, Corp.*
2. The name and address of the registered agent and office is:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 Ponce de Leon Blvd.
Suite 1050
Coral Gables, FL 33134

SIGNATURE *Antonia Lian*
TITLE *Incorporator*
DATE *January 30th, 2007*

Having been named as Registered Agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in the capacity. I further agree to comply with the provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

SIGNATURE *Antonia Lian*
For: *Consulting Services of South Florida, Inc.*
DATE *January 30th, 2007*

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TALLAHASSEE, FLORIDA