POTOW 108655

(Requestor's Name)		
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Office Use Only		



10/01/07--01050--005 **87.50

FILED 07 0CT -1 PH 4: 31 SECRETARY OF STATE IALLAHASSEE, FLORDY

RS 10/2/07

COVER LETTER

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

SUBJECT: BOTANICA ILE ORUNMILA, 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

Maria Elena Farina FROM: ____ Name (Printed or typed)

> 9117 Mandarin Blvd Address

Loxahatchee, Fla. 33470

City, State & Zip

305-803-4848

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:

Botanica ILE ORUNMILA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1336-H South Military Trail West Palm Beach, Fl. 33415

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To sell reglisous items

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria Elena Farina 9117 Mandarin Blvd Loxahatchee, Fla. 33740

ARTICLE VI REGISTERED AGENT

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

Maria Elena Farina 9117 Mandarin Blvd Loxahatchee,Fla. 33740

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria Elena Farina 9117 Mandarin Blvd Loxahatchee, Fla. 33740

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 gent ignature/Incorporator

Date

FILED 07 OCT - 1 PM 4-31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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