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| (Requestor's Name) | | | | |
|---|--------------------|--------------|--|--|
| , (A | ddress) | | | |
| (A | ddress) | | | |
| (C | ity/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DIVISION OF CORPORATIONS

EP 2/6/08

· COVER LETTER

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

| SUBJECT: | Nancy's Orchids, Inc. | | | |
|--------------------------|--------------------------------------|----------------------------|---------------------------------------|--|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | UDE SUFFIX) | |
| | | | | |
| | • | | | |
| Enclosed are an or | iginal and one (1) copy of the artic | cles of incorporation and | a check for: | |
| \$70.00 | \$78.75 | . 🗹 \$78.75 | \$87.50 | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | |
| | & Certificate of Status | & Certified Copy | Certified Copy | |
| | | • | & Certificate o | |
| | | | Status | |
| | ADDITIONAL COPY REQUIRED | | | |
| | | | | |
| • | | | | |
| | | | | |
| FROM: | | | • | |
| Name (Printed or typed) | | | | |
| | | | | |
| | 100 SE 2nd St., 44th F | | | |
| | A | Address | | |
| | Miami, FL 33131 | | | |
| | | State & Zip | · · · · · · · · · · · · · · · · · · · | |
| | 005 040 0000 | | | |
| | 305-349-2396 | (-1 | | |
| 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:

Nancy's Orchids, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 5213 Gate Lake Road Tamarac, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Retail sales

ARTICLE IV SHARES

The number of shares of stock is: 1000 shares authorized

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert Chalmers 5213 Gate Lake Road Tamarac, FL 33319

Director & President

ARTICLE VI REGISTERED AGENT

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

Catherine A. Van Horn, Esq. Genovese Joblove & Battista P.A. Bank of America Tower 100 Southeast Second Street, 44th Floor Miami, FL 33131

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Catherine A. Van Horn, Esq. Genovese Joblove & Battista P.A. Bank of America Tower 100 Southeast Second Street, 44th Floor Miami, FL 33131

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

Signature/Incorporator

Jan. 30, 2008

Date

Jan. 30, 2008

Date

Jan.

DIVISION OF CORPORALIONS
DIVISION OF CORPORALIONS
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