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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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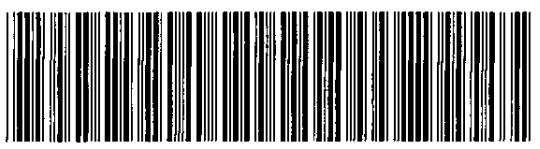
(Business Entry Name)

(Document Number)

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09 JUN - 1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
6/2

1109-25224

**COVER LETTER**

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

*Floraxis Cut Flowers, INC.*

SUBJECT: *FLORAXIS, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: *Nelson H. Molina*  
Name (Printed or typed)

*3590 SW 22 ST APT 811*  
Address

*Miami, FL 33145*  
City, State & Zip

*(305) 215-1901*  
Daytime Telephone number

*nelsonh molina@hotmail.com*  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 29, 2009

NELSON H MOLINA  
3590 SW 22 ST  
APT 811  
MIAMI, FL 33145

SUBJECT: FLORAXIS, INC.  
Ref. Number: W09000025224

We have received your document for FLORAXIS, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 209A00018160

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
09 JUN -1 PM 3:54  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

~~FLOBAXIS, SAE~~ Floraxis Cut Flowers, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

3590 SW 22 ST APT 811  
Miami, FL 33145

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SELL FLOWERS, IMPORT AND DISTRIBUTION.

**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):

NELSON H. Molina, president.  
3590 SW 22 ST, APT 811, Miami, Florida, 33145

**ARTICLE VI REGISTERED AGENT**

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

NELSON H. Molina  
3590 SW 22 ST, APT 811 Miami  
Florida, 33145

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NELSON H. Molina  
3590 SW 22 ST, APT 811  
Miami, FL 33145

\*\*\*\*\*  
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

Nelson H. Molina  
Signature Registered Agent

5/26/09  
Date

Nelson H. Molina  
Signature/Incorporator

5/26/09  
Date