

PD9000047825

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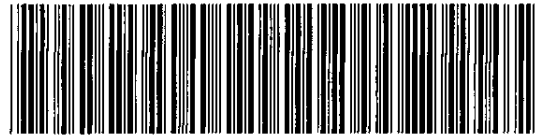
(Business Entity Name)

(Document Number)

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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 ☐ \$78.75
Filing Fee 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
ADDITIONAL COPY REQUIRED	

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)

ARTICLE I NAMES

The name of the corporation shall be:

~~FLOBAxis, LLC~~ 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



Signature Registered Agent



Signature/Incorporator

5/26/09

Date

5/26/09

Date

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