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## COVER LETTER

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

SUBJECT: JAIME'S FOILAGE, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

ADDITIONAL COPY REQUIRED

FROM: PABLO JAIME'S  
Name (Printed or typed)

9 WEST THRUSH ST  
Address

APOPKA, FL 32712  
City, State & Zip

407-464-1999  
Daytime Telephone number

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

**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:

JAIME'S FOILAGE, INC

**ARTICLE II      PRINCIPAL OFFICE**

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

2202 W. HAAS ROAD  
SORRENTO, FL 32776

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

ORNAMENTAL FLORICULTURE AND  
NURSERY PRODUCTS

**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):

PABLO JAIME'S, President  
9 W. THRUSH  
APOPKA, FL 32712

**ARTICLE VI      REGISTERED AGENT**

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

PABLO JAIME'S  
9 W. THRUSH  
APOPKA, FL 32712

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

PABLO JAIME'S  
9 W. THRUSH  
APOPKA, FL 32712

\*\*\*\*\*  
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

X Pablo Jaime's  
Signature/Registered Agent

\_\_\_\_\_  
Date

X Pablo Jaime's  
Signature/Incorporator

\_\_\_\_\_  
Date