

710000091914

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H10000244959 3)))



H100002449583ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : EXPRESS CORPORATE FILING SERVICE INC.  
Account Number : I20000000146  
Phone : (305) 444-4994  
Fax Number : (305) 444-4977

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

FLORIDA PROFIT/NON PROFIT CORPORATION  
BOTANICA ELEGUA VL, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
10 NOV 10 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
2010 NOV 10 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/10/2010 NOV 10 2010

**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 ELEGUA VL, INC

**ARTICLE II                      PRINCIPAL OFFICE**

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

8231 NW 8TH STREET APT: 513  
MIAMI FL 33126

**ARTICLE III                      PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV                      SHARES**

The number of shares of stock is:

SHARES: 100

**ARTICLE V                      INITIAL OFFICERS AND/OR DIRECTORS**

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

ALMA O. LARGAESPADA - PRESIDENT  
8231 NW 8TH STREET APT: 513  
MIAMI FL 33126

**ARTICLE VI                      REGISTERED AGENT**

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

ALMA O. LARGAESPADA  
8231 NW 8TH STREET APT: 513  
MIAMI FL 33126

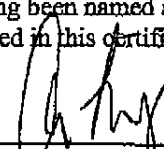
**ARTICLE VII                      INCORPORATOR**

The name and address of the Incorporator is:

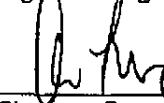
ALMA O. LARGAESPADA  
8231 NW 8TH STREET APT: 513  
MIAMI FL 33126

\*\*\*\*\*

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 to act in this capacity

  
\_\_\_\_\_  
Signature/Registered Agent

11/10/10  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/10/10  
\_\_\_\_\_  
Date

FILED  
2010 NOV 10 AM 9:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA