

P10000103573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

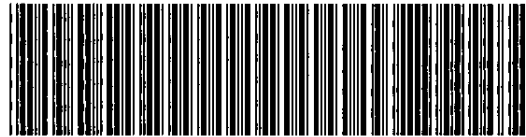
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/27/10--01041--003 **70.00

FILED
2010 DEC 27 AM 11:20
FALL RIVER, FLORIDA

J. Shivers DEC 28 2010

COVER LETTER

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

SUBJECT: Organic Apple Baby, 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

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

FROM: Olivia Nieto

Name (Printed or typed)

17800 NW 59th Avenue, Suite 101

Address

Miami, Florida 33015

City, State & Zip

305-764-2501

Daytime Telephone number

admin@stoneworksmarblegranite.com

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

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

REC'D
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

Organic Apple Baby, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
17800 NW 59th Avenue
Suite 101
Miami, FL 33015

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
retail and wholesale sales and all other legal business operations

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Olivia Nieto, President, Director
Address: 17800 NW 59th Ave.
Suite 101
Miami, FL 33015

Name and Title: _____
Address: _____

Name and Title: Marlene V. Perez, VP, Director
Address: 17800 NW 59th Ave.,
Suite 101
Miami, FL 33015

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

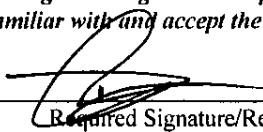
Name: Darvin Somarriba
Address: 6843 Main Street, Suite 302
Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olivia Nieto
Address: 17800 NW 59th Ave., Suite 101
Miami, FL 33015

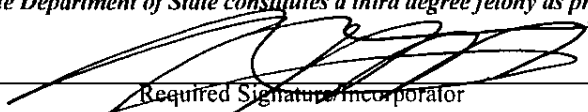
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/22/2010
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

12/22/10
Date

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TALLAHASSEE, FLORIDA
CLERK OF THE COURT