

P110000032738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

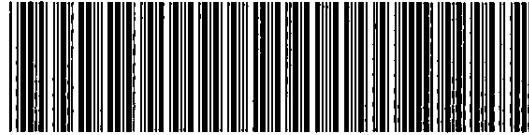
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100199802661

04/01/11--01016--021 \*\*70.00

FILED  
APR - 1 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 4/4/11

## COVER LETTER

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

SUBJECT: MAIN STREET HORTICULTURAL VENTURES, 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: LOUIS KAHN  
Name (Printed or typed)  
2711 MAGNOLIA AVE.  
Address  
PENSACOLA, FL 32503  
City, State & Zip  
850-380-4801  
Daytime Telephone number  
LKAHN69755@aol.com  
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: MAIN STREET HORTICULTURAL VENTURES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
806 W. MAIN ST.  
PENSACOLA, FL  
32501

Mailing address, if different is:  
PO BOX 982  
PENSACOLA, FL  
32591

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS IN THE STATE OF FLORIDA,  
PRIMARILY RETAIL SALES AND LANDSCAPING BUT NOT LIMITED TO THAT.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: LESLIE G. KAHN, P.D.T.  
Address: 2711 MAGNOLIA AVE.  
PENSACOLA, FL  
32503

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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:

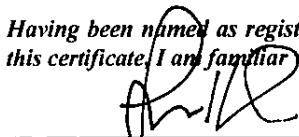
Name: LOUIS KAHN  
Address: 2711 MAGNOLIA AVE.  
PENSACOLA, FL 32503

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LESLIE G. KAHN  
Address: 2711 MAGNOLIA AVE.  
PENSACOLA, FL 32503

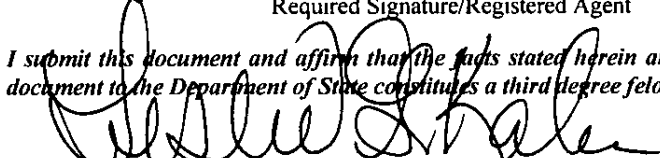
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

3/30/2011  
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

3/30/2011  
Date

FILED  
APR - 1 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA