

AUG/02/2013/FRI 11:17 AM

8/2/13

P13000064247

Division of Corporations

Florida Department of State  
Division of Corporations  
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FLORIDA PROFIT/NON PROFIT CORPORATION  
HABITAT DESIGN STUDIO II, INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

RECEIVED  
18 AUG -2 AM 11:29  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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P.002

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ARTICLES OF INCORPORATION

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

12 AUG -2 AM 11:11

**ARTICLE I NAME**

The name of the corporation shall be:

HABITAT DESIGN STUDIO INC

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

5920 SW 83rd STREET  
SOUTH MIAMI, FL 33143

**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**

Name and Title: RAQUEL GARCIA (P/D) 50%

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

Address: 5920 SW 83 STREET  
SOUTH MIAMI, FL 33143

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

Name and Title: LINA MARIA MONTOYA (P/D) 50%

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

Address: 5920 SW 83 STREET  
SOUTH MIAMI, FL 33143

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

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

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

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(cont.)

13 AUG -2 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

**ARTICLE VI REGISTERED AGENT**

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

Name: RAQUEL GARCIA  
Address: 5920 SW 83rd STREET  
SOUTH MIAMI, FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RAQUEL GARCIA  
Address: 5920 SW 83rd STREET  
SOUTH MIAMI, FL 33143

*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*

Raquel Garcia  
Required Signature/Registered Agent

08/02/2013

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.*

Raquel Garcia  
Required Signature/Incorporator

08/02/2013

Date