P1300004301

(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:
Special instructions to 1 lining officer.

Office Use Only



600251823656

09/27/13--01027--001 **88.75

SIVISION OF CORPORATIONS

PS 10/15/13 WHZ 54/36



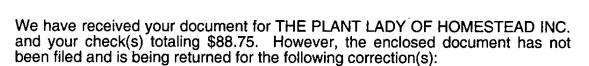
FLORIDA DEPARTMENT OF STATE Division of Corporations

September 30, 2013

ANA VILLARREAL 30401 SW 187 CT HOMESTEAD, FL 33030

SUBJECT: THE PLANT LADY OF HOMESTEAD INC.

Ref. Number: W13000054136



A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 213A00022899

COVER LETTER

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

SUBJECT: <u>The</u>	Plant Lady	of Homes	troad im
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy, of the art	icles of incorporation and	d 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 CO	PY REQUIRED
FROM:	Ana Villar Name 30401 SW 19	(Printed or typed) 37 C+ Address	
	Homestead, City,	FL 33030 State & Zip	<u> </u>
	786-399-18 Daytime T	elephone number	
	E-mail address: (to be used	of a mai	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)

The name of the corpora	ttion shall be: The P	lant L	ady of	Homeste	00	Linc
ARTICLE II PRI	NCIPAL OFFICE Principal street address		,	Mailing address, if different is:		
30401 SM	1187 ct	 				
Homeste	ad, FL 330	<u>30</u>				·
	PPOSE the corporation is organized i			,		
						- Proba
ARTICLE IV SHA	ARES Stock is: 4				13 OCT 15	SECRETAF DIVISION OF
ARTICLE V INT	TIAL OFFICERS AND/O	R DIRECTOR	<u>s</u>		<u>∵</u>	LED XY OF ST CORPOR
Name and Title	e: Ana Villar	real	Name and Title:		မာ	ATION .
Address	30401 SW	197ct	Address:			<u>~~~~</u>
	Homestead	FL				
	36030					
Name and Title	: Meylin Tor	rcs	Name and Title:			
Address	30401 SW					
	Homestra	•				
	33030					
Name and Title	::		Name and Title:			
Address						
			,			

Name an	d Title:	Name and Title:	
Address		Address:	
ARTICLE VI The name and F	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Address:	30401 SW 197 ct Homestrad, FL 33030		SECRETA SIVISION OF 13 OCT 1
ARTICLE VII	INCORPORATOR		RY OF S CORPO
The <u>name and ac</u> Name: Address:	Ana Villarreal 30401 Sw.187 Ct Homestead, FL. 3303		RATIONS
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg Required Signature/Registered Agent	istered agent and agree to act in thi	
	nument and affirm that the facts stated herein are a Department of State constitutes a third degree felong Required Signature/Incorporator	true. I am aware that the false info y as provided for in s.817.155, F.S.	Date
 -			