

P130000086318

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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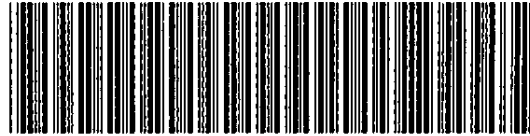
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
10/22/13

## COVER LETTER

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

SUBJECT: **GREEN EXPESSIONS, 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: **James J. Mislant, II**

Name (Printed or typed)

**P. O. Box 2644**

Address

**Apopka, FL 32704**

City, State & Zip

**407-886-0058**

Daytime Telephone number

**jim@rjtfoliage.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: Green Expressions, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

10 N. Park Avenue

Apopka, FL 32703

Mailing address, if different is:

P.O. Box 2644

Apopka, FL 32704

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: sales of wholesale indoor tropical foliage

**ARTICLE IV    SHARES**

The number of shares of stock is: \$1 per 100 shares

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

Name and Title: James J. Mislant, II., Pres.

Address: P.O. Box 2644

Apopka, FL 32704

Name and Title:

Address:

James J. Mislant, II., Pres.  
P.O. Box 2644  
Apopka, FL 32704

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

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

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

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

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

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

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

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

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TALLAHASSEE, FLORIDA

(cont.)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: James J. Misleng  
Address: 10 N. Park Avenue  
Apopka, FL 32703

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: James J. Misleng  
Address: 10 N. Park Avenue  
Apopka, FL 32703

*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*

James J. Misleng 10/18/13  
Required Signature Registered Agent 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.*

James J. Misleng 10/18/13  
Required Signature Incorporator Date