# P/4000041394

(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only

W14-27429



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#### FLORIDA DEPARTMENT OF STATE Division of Corporations

May 1, 2014

BEJAMIN OTERO DELRAY TROPICAL NURSERY INC. 9380 155TH LANE SOUTH DELRAY BEACH, FL 33446

SUBJECT: DELRAY TROPICAL NURSERY INC.

Ref. Number: W14000027429

We have received your document for DELRAY TROPICAL NURSERY INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 714A00009269

### **COVER LETTER**

TO: Charter Section

Division of Corporations				
SUBJECT: De Vay Typoical Durse Williams of Resulting Florida Profit Corporation				
The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.				
Please return all correspondence concerning this matter to:				
Benjamin Otero Contact Person				
Delray Tropical Nursery				
9380 155th Lane South				
Delray Blach F1. 33446 City, State and Zip Code				
de Vautropica Inursee y Ryahoo, Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Livio Serna at (501) (602-8881  Name of Contact Person Area Code and Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$105.00 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certificate of Status \$113.75 Filing Fees and Certificate of Status \$122.50 Filing Fees, Certified Copy, and Certificate of Status				
STREET ADDRESS:  New Filings Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301  MAILING ADDRESS:  New Filings Section  Division of Corporations  P. O. Box 6327  Tallahassee, FL 32314				

## **Certificate of Conversion**

For

### "Other Business Entity"

Into

#### Florida Profit Corporation

This Certificate of Conversion and attached Articles of Incorporation are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

accordance with s. 607.1115, Florida Statutes.
1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:
Delray Tropical NUrsery, LLC Enter Name of Other Business Entity (214-59965)
2. The "Other Business Entity" is a <u>limited liability company</u> (Enter entity type. Example: limited liability company, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Florida  (Enter state, or if a non-U.S. entity, the name of the country)
Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
Florida
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>
Delray Tropical NVrseey Inc. Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed
therein.)
Page 1 of 2
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Signed this <u>25</u> day of <u>April</u>	, 20_14	
Required Signature for Florida Profit Corporati	on:	
Signature of Chairman, Vice Chairman, Director, Cobeen selected, an Incorporator:  Printed Name: Pri	Officer, or, if Directors or Officers have not	
Required Signature(s) on behalf of Other Business signature(s).]		
Signature: Benjamin Otero	Title: Marager   president	
Signature:Printed Name:	_ Title:	
Signature:Printed Name:	Title:	
Signature: Printed Name:	Title:	
Signature:Printed Name:	Title:	
Signature:Printed Name:		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership:	
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.		
All others: Signature of an authorized person.		
Fees:  Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	
Page 2 of 2		

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

The name of the corporation shall be: Delray Tropical NUrsery Inc.					
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:					
9380 155th Lane South	Mailing address, if different is:				
Delray Beach, F1. 33416	<del></del>				
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:					
wholesale nursery					
ARTICLE IV SHARES The number of shares of stock is: \( \sum_{\infty} \)					
ARTICLE V INITIAL OFFICERS AND/OR DI					
· · · · · · · · · · · · · · · · · · ·	SName and Title: LIVIO Serna - VP				
Address: 9380 155th Lane So.	Address: 9380 1554 Lane South				
De Iray Beach F1.334	Delray Blach, F1.33446				
Name and Title:	Name and Title:				
Address:	Address:				
Name and Title:	Name and Title:				
Address:	Address:				
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT account)	eptable) of the registered agent is:				
Name: Benjamin Otero					
Address: 9380 155th Lane 80.					
Delray Beach, Fl. 3344	16 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×				

Address:	4280 1224 1an 40.	
	Delray Beach, F1.33446	
	f	
*****	*************	*******
designated		process for the above stated corporation at the place ppointment as registered agent and agree to act in this
capacity	7	, 1
	Selw other	4/25/14
	Required Signature/Registered Agent	Date
	this document and affirm that the facts stated herei in a document to the Department of State constitutes a	n are true. I am aware that any false information third degree felony as provided for in s.817.155, F.S.
Tee	Town Otraco	4/25/14
	Required Signature/Incorporator	Date

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ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:

Name: