

P15000086434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

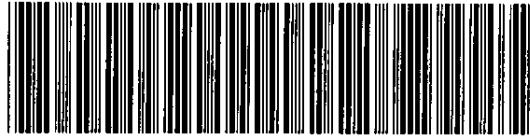
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300275955003

300275955003
10/13/15--01007--005 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 13 PM 4:15

APPROVED
AND
FILED

VH

APPROVED
AND
FILED

15 OCT 13 PM 4:15

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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: DUMAS DANIEL ORTIZ PEREIRA
Address: 10015 NW 206TH AVE
ALACHUA, FLORIDA 32615

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: FLOWER CARIBBEAN CO
Address: 10015 NW 206TH AVE
ALACHUA, FLORIDA 32615

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/30/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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
09/30/2015
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
09/30/2015
Date