

P/5000086436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

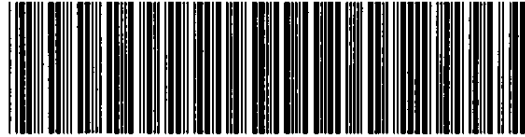
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/13/15--01013--001 **128.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 OCT 13 PM 4:35

APPROVAL
AND
FILED

11/14

COVER LETTER

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

SUBJECT: Nutritional Assets, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status \$ 8.75

Adele Puhn

Name (printed or typed)

NUTRITIONAL ASSETS INC.

9143 Ribbons Ridge Point.

Address

Boynton Beach FL 33473

City, State & Zip

516-384-3031

Daytime Telephone Number

ANSHUPUHN@gmail.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

APPROVED
AND
FILED

15 OCT 13 PM 4:35

The undersigned, Adele Puhn, President
(Name)

(Title) SECRETARY OF STATE
TALLAHASSEE, FLORIDA
a foreign corporation,

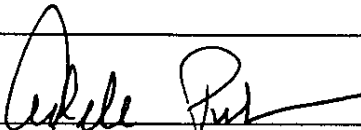
of Nutritional Assets, Inc. F12-2067
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 27, 1996.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was New York.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Nutritional Assets, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Nutritional Assets, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was New York.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Adele Puhn, of Nutritional Assets, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 1st day of October, 2015.


(Authorized Signature)

SIGN HERE

Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

APPROVED
AND
FILED

15 OCT 13 PM 4:35

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Nutritional Assets, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

9143 Ribbons Ridge Point
Boynton Beach, FL 33473

9143 Ribbons Ridge Point
Boynton Beach, FL 33473

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President / Adele Puhn

9143 Ribbons Ridge Point

Boynton Beach, FL 33473

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

APPROVED
AND
FILED

15 OCT 13 PM 4:35

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX **NOT** ACCEPTABLE) OF THE REGISTERED AGENT, **SECRETARY OF STATE**
TALLAHASSEE, FLORIDA

Adele Puhn

9143 Ribbons Ridge Point

Boynton Beach, FL 33473

ARTICLE VII INCORPORATOR

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

Adele Puhn

9143 Ribbons Ridge Point

Boynton Beach, FL 33473

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**

Signature/Registered Agent

SIGN HERE

Date

10/11/15

Signature/Incorporator

SIGN HERE

Date

10/11/15

COVER LETTER

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

SUBJECT: FLOWER CARIBBEAN CO.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: FLOWER CARIBBEAN CO.

Name (Printed or typed)

10015 NW 206TH AVE

Address

ALACHUA FLORIDA 32615

City, State & Zip

352-359-6398

Daytime Telephone number

caribeflor@gmail.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)

APPROVED
AND
FILED

15 OCT 13 PM 4:15

ARTICLE I NAME FLOWER CARIBBEAN CO.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: _____

10015 NW 206TH AVE

ALACHUA FL 32615

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE PURPOSE IS FLORAL SERVICES AND TO OFFER JOB , AS A OTHER SOURCES OF WORK

AND COMMUNITY SERVICES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DUMAS DANIEL ORTIZ PEREIRA PRE

Name and Title: NAICY MENDEZ PADRON OFFICEI

Address 10015 NW 206TH AVE

Address: 10015 NW 206TH AVE

ALACHUA, FLORIDA 32615

ALACHUA, FLORIDA 32615

Name and Title: _____

Name and Title: Officers

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____