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FAX NO.

P. 001

12/9/2015

Division of Corporations

Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
CORAZON DE ELEGUA BOTANICA, INC**

Certificate of Status	0
Certified Copy	1
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Help

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FAX No.

P. 002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CORAZON DE ELEGUA BOTANICA, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8432 SW 40 ST

SAME

MIAMI, FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUISNESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE Y. BENITEZ (P/D)

Name and Title: _____

Address 8432 SW 40 ST

Address: _____

MIAMI, FL 331355

Name and Title: MARIBEL R. HUET (VP/D)

Name and Title: _____

Address 8432 SW 40 ST

Address: _____

MIAMI, FL 33155

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE Y. BENITEZ
Address: 8432 SW 40 ST
MIAMI, FL 33155

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: JOSE Y. BENITEZ
Address: 8432 SW 40 ST
MIAMI, FL 33155

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 12/01/2015
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 12/01/2015
Date

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HALLMARKS, FLORIDA