P15000101662

(Requestor's Name)				
(Address)				
bbA)	ress)			
(City	/State/Zip/Phone	· #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



900280112619

12/16/15--01010--008 **78.75

SECRETARY OF STATION
NVISION OF CORPORATION
15 OFC 16 PM 12: 17

P 2/29/15

COVER LETTER

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

SUBJECT: Organic	Green Walls Corp		
50D0EC11	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PPY REQUIRED
FROM:		e (Printed or typed)	
182	25 Salzedo Street, Apt. 6		
		Address	· · · · · · · · · · · · · · · · · · ·
Co	ral Gables, FL 33134		
	City,	State & Zip	
786	5-803-2395		
	Daytime T	elephone number	
ram	natheus85@gmail.com		
	E-mail address: (to be use	d 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)

<u> AKTICLE II PRIN</u>	CIDAL OFFICE)	
ARTICLE II PRINCIPAL OFFICE Principal street address		Mailing address,	if different is:
1825 Salzedo Sreet, A			
Coral Gables, FL 3312	34	 	
ARTICLE III PURI The purpose for which living walls.	the corporation is organized is:	ide a lanscaping service by purchasing	g plants and creating
			15 SE 16 SE 18 SE
	RES 100 of stock is: NAL OFFICERS AND/OR DIRECTORS		Y OF STATE SORPORATIONS PM 12: 17
Name and Tit	Ricardo Alonso Gil - Director		
Address	11340 NW 52 Ln	Name and Title: Address:	
	Doral, FL 33178	 	
	Ram Matheus - Director		
Name and Titl	e:	Name and Title:	
Address	Coral Gables, FL 33134	Address:	
Maryss	Cotal Gables, I L 55 154		
radicis	Colai Gaoles, I L 33134		
	e:	Name and Title:	

Name a	and Title:	Name and Title:	
Address		Address:	
			
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT accepta	hle) of the registered agent is:	
Name:	Ram Matheus	orey of the registered agent is.	
Address:	1825 Salzedo Street, Apt. 6		
ridai ess.	Coral Gables, FL 33134		SE SINGE
ARTICLE VII	INCORPORATOR		DEC 1
The <u>name and</u>	address of the Incorporator is:		の 32元 19 23 19 24 19 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 24 10 2
Name:	Ram Matheus		H 725
Address:	1825 Salzedo Street, Apt. 6		OF STATE RECRATION PM 12: 17
	Coral Gables, FL 33134		8
Effective date, (If an effective days after the Note: If the days	if other than the date of filing: date is listed, the date must be specific and filing.) ate inserted in this block does not meet the application of the date on the Department of State's recommendation.	cable statutory filing requirements	ss days prior or 90 business
	amed as registered agent to accept service of p I am familiar with and accept the appointment		
	Required Signature/Registered Ager	nt .	Date
	ocument and affirm that the facts stated herei e Department of State constitutes a third degree		
			12/8/2015
Req	uired Signature/Incorporator		Date