3052201440 Electionic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Feet 1	Address:			
Emal1	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION

NATURAL ORCHIDS INC

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Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

H16000128426

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Natural Orchids Inc. of Doc# P14000048452 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely.

Liria Luign

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l	bl	0001

Add Tax 1D #: 47-1090442

ARTICLE 1 NAME: The name of the corporation is:

Natural	Orchi	ids 1	7 <i>C</i>		•
	ARTICLE II PR	RINCIPAL OFF	ICE:		TAIL SE
The	principal street addı	ress and mailing	address	is:	THE RES
P: 8637	NW	Ist LI	V		S
<u>Miami</u>	JFL 3	33126			
M: PO	BOX	420037	M	iami	FE
33242	- 0031				
RTICLE III SH	ARES: The number	r of shares of sto	ck is:	100	
ARTICLE IV	INITIAL DE	RECTORS AND	D/OR (I	FFICERS:	1
Liria	Lujan	P			•
			· · · · · ·		
			**·^		
					
				- 112811 · 11281111	
ARTICLE V IN	ITIAL REGISTE	RED AGENT A	ND STE	EET ADD	RESS:
he name and Florida	street address (PO	Box not acceptal	ole) of th	e registere	l agent is
Liria	Lujan				
8637	NW	1sT_		ν	, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,
Miami	FL	33126			
<u> </u>					
ARTICLE VI IN	CORPORATOR:	The name and a	ddress o	f the Incorp	orator is
Liria	Luja			· · · · · · · · · · · · · · · · · · ·	
8637	NW	IST		LN	
Miami	FL		3	3120	ρ

H16000128426

Date

Required Signatures:

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

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.

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