P160000062028

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 14, 2016

SIGGY HERMOSA 4414 NORTHLAKE BLVD PALM BEACH GARDENS, FL 33410

SUBJECT: GREEN ZONE #2 INC. Ref. Number: W16000048706

We have received your document for GREEN ZONE #2 INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 716A00014735

RECEIVED

OULZ6 PH R: 3

2016 JUL -5 AM 8: 20
TALLAHASSEE FLORID

COVER LETTER

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

SUBJECT:	reen Zone#2	Inc.	TINE CHEETY)				
(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	□ \$78.75	□ \$87.50				
Filing Fee	Filing Fee	Filing Fee	Filing Fee,				
_	& Certificate of Status	& Certified Copy	Certified Copy				
	,	•	& Certificate of				
			Status				
		ADDITIONAL COPY REQUIRED					

FROM: SIGAY HERMOSA
Name (Printed or typed)
Address Address Florida, 33410
561-627-5224
Daytime Telephone number Arten Zonemi Haru a amai. Com

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

#2.Inc		
Mailing address, if different is:		
running a brick of Mortar		
2016 JUL -5 AM SECRETARY OF SALLAHASSEE, FL		
3: 20		
Name and Title: Name and Title: Address: 444 Northbace bwd PBG, FL 3341D		
Name and Title: Address:		
Name and Title: Address:		

Name and Time:	Name and Title:		· · · · · · · · · · · · · · · · · · ·
Address	Address:		
			· · · · · · · · · · · · · · · · · · ·
ADERGLE LA DEGLEMENTO ACENTE			
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable)	e) of the registered agent is:		
Name: Carlos Hermosa	of the logistolog agent is.		
Address: 4414 Northlake diva			
DBG 0 F 2241D		5	100
100 100 110	-terterda	ECR.	6
ARTICLE VII INCORPORATOR		RETARY	
The name and address of the Incorporator is:		m mc	ග
Name: (arlos Hermosa		20	A
Address: 4414 North lake blud			සු ව
Address: TTP WITHUR DIV		O.	õ
PDC, th 33410			
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 car days after the filing.)	not be more than five busine	ss days pric	or or 90 business
Note: If the date inserted in this block does not meet the applical	hle statutory filing requirement	s this date u	vill not be listed as
the document's effective plate on the Department of State's record		s, uns care v	viii iiot oc iistod as
/ / /			
Having been named as registered agent to accept service of proc			
this certificate, I am familiar with and accept the appointment as	registerea agent ana agree to t	ict in this ca _l	pacuy
- trullyfu			
Required Signature/Registered Agent			Date
I submit this document and affirm that the facts stated herein a	are true. I am aware that the f	alse informa	ution submitted in a
document to the Department of State constitutes a third degree fe	dony as provided for in s.817.1:	55, F.S.	
Hunkt			
Required Signature/Incorporator	. 112	•	Date