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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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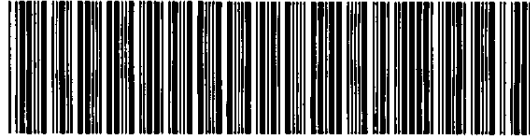
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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J. FASON

SEP 14 2016

# COVER LETTER

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

SUBJECT: SMA Nursery Corp.

(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  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Amando Belmontes

Name (Printed or typed)

21399 SW 296 ST

Address

Homestead, FL 33030

City, State & Zip

786-285-4941

Daytime Telephone number

rbelmontes@me.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)

**ARTICLE I NAME**

The name of the corporation shall be: SMA Nursery Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

21399 SW 296th St

Homestead, FL 33030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to grow plants and trees. Sale and growth of greenery for wholesale and retail along with maintenance and other related jobs like but not exclusive to lawn service and landscaping

**ARTICLE IV SHARES**

The number of shares of stock is: 999

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Amando Belmontes Jr. President

Name and Title:

Address: 21399 SW 296th ST

Address:

Homestead, FL 33030

Name and Title: Amando Belmontes Sr. Vice President

Name and Title:

Address: 21399 SW 296th ST

Address:

Homestead, FL 33030

Name and Title:

Name and Title:

Address:

Address:

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Amando Belmontes  
 Address: 21399 SW 296th ST  
Homestead, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Amando Belmontes  
 Address: 21399 SW 296th ST  
Homestead, FL 33032

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: July 1, 2016 (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.*

<u><i>Amando Belmontes Jr</i></u>	<u>6/23/2016</u>
Required Signature/Registered Agent	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.*

<u><i>Amando Belmontes Jr</i></u>	<u>6/23/2016</u>
Required Signature-Incorporator	Date