

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000252855 3)))



H160002528553ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 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.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MANUELA ORCHID GARDEN INC

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

J. FASON

Electronic Filing Menu

Corporate Filing Menu

Help

OCT 12 2016

RECEIVED

15 OCT 12 PM 4:29

15 OCT 12 PM 4:08

H10000252855

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Manuela Orchid Sarden. INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

8260 SW 28 STMIAMI FL 33155**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Manuela Mons-P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

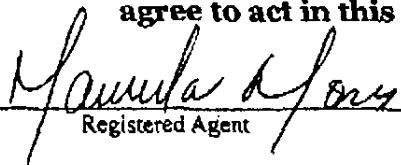
Manuela Mons8260 SW 28 STMiami FL 33155**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Manuela Mons8260 SW 28 STMiami FL 33155

H10000252855

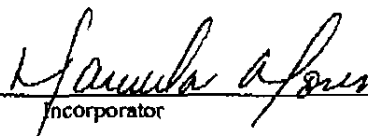
H16000252855

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

 _____
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.

 _____
Incorporator Date

H16000252855