

P/700002/294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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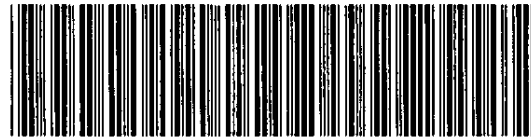
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR -9 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

W17-015571

03/10/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 22, 2017

LEONARDO FLORES
13250 N.E. 60TH ST.
WILLISTON, FL 32696

SUBJECT: FLORES NURSERY CO.
Ref. Number: W17000015571

We have received your document for FLORES NURSERY CO. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P12000036944.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00003458

17 MAR -9 PM 1:48

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: FLORES FAMILY NURSERY CO.

(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
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: FLORES FAMILY NURSERY CO.

Name (Printed or typed)

13250 NE 60TH ST

Address

WILLISTON, FLORIDA 32696

City, State & Zip

352-642-6080

Daytime Telephone number

leonardoflores91@hotmail.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: FLORES FAMILY NURSERY CO.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13250 NE 60TH ST

WILLISTON, FLORIDA 32696

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALL PURPOSE FOR PEOPLE WORKER

ARTICLE IV SHARES

The number of shares of stock is: 100

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TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEONARDO FLORES MARTNEZ

Name and Title: _____

Address 13250 NE 60TH ST

Address: _____

WILLISTON, FLORIDA 32696

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: LEONARDO FLORES MARTINEZ
Address: 13250 NE 60TH ST
WILLISTON, FL 32669

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LEONARDO FLORES MARTINEZ
Address: 13250 NE 60TH ST
WILLISTON, FL 32669

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TALLAHASSEE, FLORIDA

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 cannot be more than five days prior or 90 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

Leonardo Flores 02/09/2017
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.

Leonardo Flores 02/09/2017
Required Signature/Incorporator Date