

**P17000038671**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

**\*\*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**  
**MR. GUAVA GROVES CORP.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

17 APR 28 PM 10:29

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
REGISTRATION SERVICES

17 APR 28 AM 8:57

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Corporate Filing Menu

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**D O'KEEFE**

**MAY 01 2017**

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: MR. GUAVA GROVES CORP.

ARTICLE II PRINCIPAL OFFICE  
Principal street address Mailing address, if different is:  
31205 SW 213th Ave.  
Homestead, FL 33030

ARTICLE III PURPOSE  
The purpose for which the corporation is organized is: To conduct any and all lawful business.

ARTICLE IV SHARES 200NPV  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Katherine Chau President/Director Name and Title:  
Address 31205 SW 213th Ave. Address:  
Homestead, FL 33030

Name and Title: Name and Title:  
Address Address:

Name and Title: Name and Title:  
Address Address:

FILED  
17 APR 29 AM 8:47  
CLERK OF DISTRICT COURT  
JULIA S. BROWN

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: Katherine Chau  
Address: 31205 SW 213th Ave.  
Homestead, FL 33030

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Katherine Chau  
Address: 31205 SW 213th Ave.  
Homestead, FL 33030


**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*

\* ->   
\_\_\_\_\_  
Required Signature/Registered Agent

4/26/17

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.*

\* ->   
\_\_\_\_\_  
Required Signature/Incorporator

4/26/17

Date

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17 APR 28 AM 8: 7  
TALLAHASSEE, FLORIDA