

JUN/14/2017/WED 01:14 PM

FAX No.

P. 001

6/15/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
HC NURSERY N1 INC

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

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: HC NURSERY NI INC**ARTICLE II PRINCIPAL OFFICE**Principal street address
1701 WEST FLAGLER STREET

Mailing address, if different is:

SAMESTE: 203MIAMI, FL 33135**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUISNESS**ARTICLE IV SHARES**The number of shares of stock is: SHARES: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: COSME JOSE GOMEZ ASCANIO (P/D)

Name and Title: _____

Address 1701 WEST FLAGLER STREET

Address: _____

STE: 203MIAMI, FL 33135

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

Name: COSME JOSE GOMEZ ASCANIO
Address: 1701 WEST FLAGLER STREET STE: 203
MIAMI, FL 33135

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: COSME JOSE GOMEZ ASCANIO
Address: 1701 WEST FLAGLER STREET STE: 203
MIAMI, FL 33135

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

06/13/2017

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, P.S.

Required Signature/Incorporator

06/13/2017

Date