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To:

Division of Corporations

Fax Number

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: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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FLORIDA PROFIT/NON PROFIT CORPORATION MARITZA'S ORCHIDS INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

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Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of Maritzas arched 5 of Doc# Thank you for your help in this matter.

This is to advise you that the owners of Maritzas Orchids The Doc# of Doc# Thank you for your help in this matter.

Very Sincerely,

Maritza Segovia

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ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

WILLICIE!	NAME:	The	name of the corporation is
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NAME: The name of the corporation is:
Maritza's Orchids Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
2169 NW 16 Terrace Joines tend
Pl 33030
ARTICLE III SHARES: The number of shares of stock is: 100
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
THREIZH SEGOVIA (P)
ARTICLE V INITIAL RECIETEDED ACTIVE
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Maritza Secovia
21109 1111
tomestead FL 33030
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
- Maritza segovia
2169 NW TO TECCOR
Homestead FC 33030

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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 \$.817.155, F.S.