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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 1200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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## FLORIDA PROFIT/NON PROFIT CORPORATION **NURSERY DULCE CACHITA INC**

Certificate of Status	0
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Page Count	03
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Help

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

NURSERY DUICE CACHITA INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
15755 SW 177MAVE
Minmi FLA.33187-1205
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
CARMEN O ROJAS (V)
Miguel ROJAS (P)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
CARMEN O ROJOS
15755 SW 177 ave
Miami FL 33187
<i>:</i>
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
CHRMEN O ROJUS
15755 SW 111 9VE
Miami + L 2318 1

## 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 8-22-18
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