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2018 SEP 19 12:05 PM

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COVER LETTER

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

SUBJECT: BIO-PRO SCIENTIFIC, INC.

(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: Orlando Alvarez Fuentes
Name (Printed or typed)

307 SW 16th Ave. apt. 301
Address

Gainesville, FL 32601
City, State & Zip

(786) 514-6171
Daytime Telephone number

orlando.alvarez.fuentes@gmail.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: BIO-PRO SCIENTIFIC, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

307 SW 16th Ave, Suite 301

Gainesville, FL 32601

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Bioprospecting of plant species from which medicinal drugs and other commercially valuable compounds can be obtained.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Orlando Alvarez, President

Address: 307 SW 16th Ave, Apt. 301
Gainesville, FL 32601

Name and Title: Mark Livingway, Secretary

Address: 2050 N.E. 39th Street 210 S
Lighthouse Point, FL 33064

Name and Title: Javier Llanez, Treasurer

Address: 1920 SW 24th Street
Miami, FL 33145

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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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: Orlando Alvarez Fuentes
Address: 307 SW 16th Ave. apt. 301
Gainesville, FL 32601

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Livingway
Address: 2050 N.E. 39th Street 210 S
Lighthouse Point, FL 33064

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 09/16/2018 (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

09/11/2018
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 s817.155, F.S.

Required Signature/Incorporator

9/16/2018
Date