

(Requestor's Name)	-
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(City/State/Zip/Phone #)	-
(Business Entity Name)	_
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Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	]
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Office Use Only	
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T. SCOTT	



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 24, 2018

VIERGELA LOUIS JOSEPH 7804 NE 2ND AVE MIAMI, FL 33138

SUBJECT: ST GERARD BOTANICA CORP. Ref. Number: W18000069426

We have received your document for ST GERARD BOTANICA CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott Regulatory Specialist II New Filings Section

Letter Number: 818A00018531

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

## **COVER LETTER**

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

MonTANIC SUBJECT:

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee

Filing Fee & Certificate of Status

**S**78.75

**S**78.75 Filing Fee & Certified Copy

Filing Fee, Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

**⊠** \$87.50

FROM: ame (Printed or typed)

2 = AUC Address

38

267 - 23 J-9 Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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The name of the corp	ME oration shall be: Star	RARD. BOTA	NICA	Corp.	
	INCIPAL OFFICE				
7804. NE	Principal <u>street</u> address		Mailing addres	s, if different is:	
FC AND	71. 33138		$\leq$	12/2 .	•
				<u>10-1-02</u>	
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<u>4<i>RTICLE III PUL</i></u> The purpose for whi	<u>RPOSE</u> ch the corporation is organized is: _ DC15.9 VAR.ETY	SERVICE	<u>5. 1R</u>	DUIDED	)
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The number of share	s of stock is:	COU TRE DIEC			
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ame and Title:	Name and Title:	
Address	Address:	

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is:  $P_{CL} = \sqrt{\frac{1}{2} \frac{1}{2} \frac{1$ 

Name:

Address:

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4350 5W21 5 AEET	
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WEST PARK 7/3302-3	)

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: WICA: Co VIER GELA. L. TOSEPH Name: Address:

<u>ARTICLE VIII EFFECTIVE DATE:</u> Effective date, if other than the date of filing:

<u>ARTICLE VIII</u> <u>EFFECTIVE DATE:</u> Effective date, if other than the date of filing:  $\frac{7/25/20/5}{}$ . (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

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/Inforporator