

# P18000085454

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

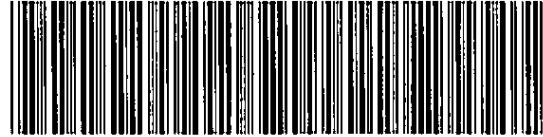
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OCT 19 2018



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## COVER LETTER

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

**SUBJECT:** DELRAY TROPICAL NURSERY 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: BENJAMIN OTERO  
Name (Printed or typed)

6214 PARK LANE WEST  
Address

LAKE WORTH, FL 33449  
City, State & Zip

561-441-1041  
Daytime Telephone number

BOTERO7888@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: DELRAY TROPICAL NURSERY INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6214 PARK LANE WEST

LAKE WORTH, FL. 33449

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: WHOLESALE NURSERY

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: BENJAMIN OTERO - PRESIDENT

Name and Title: \_\_\_\_\_

Address 6214 PARK LANE WEST

Address: \_\_\_\_\_

LAKE WORTH, FL. 33449

Name and Title: LIRIO SERNA - VP

Name and Title: \_\_\_\_\_

Address 6214 PARK LANE WEST

Address: \_\_\_\_\_

LAKE WORTH, FL. 33449

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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: BENJAMIN OTERO \_\_\_\_\_

Address: 6214 PARK LANE WEST \_\_\_\_\_

LAKE WORTH, FL. 33449 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: LIRIO SERNA \_\_\_\_\_

Address: 6214 PARK LANE WEST \_\_\_\_\_

LAKE WORTH, FL. 33449 \_\_\_\_\_

**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

09/28/2018

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 s.817.155, F.S.*



Required Signature/Incorporator

09/28/2018

Date