

P19000053439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

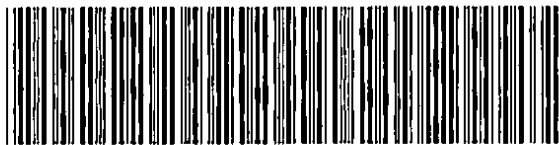
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JULY 19 2019

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Herbal Gene International Inc

Signature _____

Requested by: BA

07/02/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

☒ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

☒ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

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: HERBAL GENE INTERNATIONAL INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8965 SE BRIDGE ROAD SUITE #205

HOBE SOUND FLORIDA 33445

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ORPHA MAURIVAL PRSIDENT/CEO

Name and Title: BAZIL ALEXANDRE VP

Address 8965 SE BRIDGE ROAD SUITE #205

Address: 375 GREENWICH AVENUE

HOBE SOUND FLORIDA 33445

GREENWICH CT 06830

Name and Title: RICARDO SYLVAIN CFO

Name and Title: _____

Address 2488 DORSON WAY

Address: _____

DELRAY BEACH FLORIDA 33445

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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19 JUL -8 PM 1:15
CLERK OF DISTRICT COURT

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: ROBERT C CLARK
Address: 1515 NORTH FEDERAL HWY SUITE 403
BOCA RATON FLORIDA 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ORPHA MAURIVAL
Address: 8965 SE BRIDGE RD SUITE #205
HOBE SOUND FL 33445

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

Robert C Clark
Required Signature/Registered Agent

JUNE 21, 2019

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.

[Signature]
Required Signature/Incorporator

JUNE 21, 2019

Date

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JUL - 8 PM 1:15
JUL 11 2019
TALLAHASSEE, FLORIDA