

P19000093579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

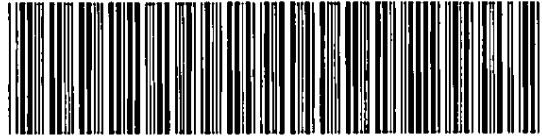
(Business Entity Name)

(Document Number)

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FILED  
2018 DEC 17 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FL

IN C...

DEC 18 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 103505 7634212

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : December 16, 2019

ORDER TIME : 9:52 AM

ORDER NO. : 103505-045

CUSTOMER NO: 7634212

DOMESTIC FILING

NAME: GREEN GARDEN POSNER VENTURES  
INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
\_\_\_\_ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: KADESHA ROBERSON EXT 62980

EXAMINER'S INITIALS: \_\_\_\_\_

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ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

2019 DEC 17 PM 12: 24

ARTICLE I NAME  
The name of the corporation shall be: GREEN GARDEN POSNER VENTURES INC.

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

40 SW 13th Street Suite 802

40 SW 13th Street Suite 802

Miami, FL, 33130

Miami, FL, 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares of \$1.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILSON DE OLIVEIRA - D/P

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

Address 40 SW 13th Street Suite 802  
Miami, FL 33130

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

Name and Title: Iracema Sebastiana Fabiani de Oliveira - D

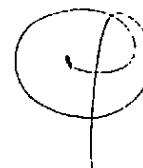
Name and Title: \_\_\_\_\_

Address 40 SW 13th Street Suite 802  
Miami, FL 33130

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

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: Dymax International Services Inc.  
 Address: 40 SW 13th Street Suite 802  
Miami, FL, 33130

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Wilson de Oliveira  
 Address: 40 SW 13th Street Suite 802  
Miami, FL 33130

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 TALLAHASSEE, FL

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**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*

*Richard del Yaghis* 12/06/2019  
 Required Signature Registered Agent 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]* 12/06/2019  
 Required Signature/Incorporator Date