

P19000093579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

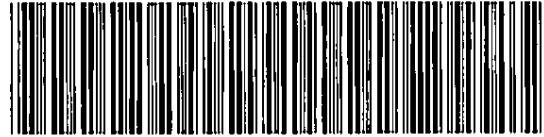
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Malinda Williams

2019 DEC 17 AM 10:53

REC'D

SECRETARY OF STATE
TALLAHASSEE, FL

2019 DEC 17 PM 12:24

FILED

DEC 18 2019

DEC 18 2019

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

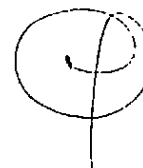
ARTICLE IV SHARES
The number of shares of stock is: 1,000 shares of \$1.00 each

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 Address:
Miami, FL 33130

Name and Title: Iracema Sebastiana Fabiani de Oliveira - D Name and Title:
Address: 40 SW 13th Street Suite 802 Address:
Miami, FL 33130

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 delgado 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