

P20000032852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

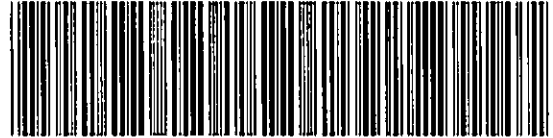
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: FLOWER MAIL USA. 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: JUAN PABLO NOGUERA
Name (Printed or typed)

6600 Coral Way
Address

Miami FL 33155.
City, State & Zip

9396440519.
Daytime Telephone number

juanpnoquera@hotmail.com
E-mail address: (to be used for future annual report notification)

2020 APR 29 PM 11:06

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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: FLOWER MAIL USA INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6600 Coral Way
Miami, FL 33158

Mailing address, if different is:

Same

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Santiago Noguera Name and Title: _____

Address: President
6600 Coral Way Address: _____

Miami FL

33155

Name and Title: Juan Pablo Noguera Name and Title: _____

Address: General Manager
6600 Coral Way Address: _____

Miami FL

33155

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Santiago Noguera
Address: 6600 Coral Way
Miami FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Flowers and Services
Address: 6600 Coral Way
Miami FL 33155

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/21/2020 (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:

Santiago Noguera
Required Signature/Registered Agent

04/21/2020
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.

Santiago Noguera
Required Signature/Incorporator

04/21/2020
Date