

# P20000097108

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
BOTANICA ABRECAMINO CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

EIN 47-4939566

**ARTICLE I NAME:** The name of the corporation is:Botanica Abrecamino Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

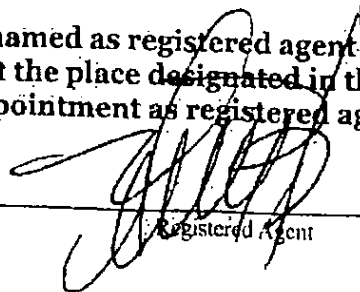
3555 Davie Blvd  
Fort Lauderdale FL 33312**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Natasha Valdes (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

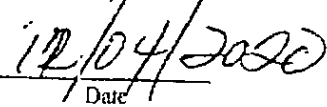
The name and Florida street address (PO Box not acceptable) of the registered agent is:

Natasha Valdes - 3555 Davie Blvd.  
Fort Lauderdale FL 33312**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Natasha Valdes - 3555 Davie Blvd.  
Fort Lauderdale FL 33312

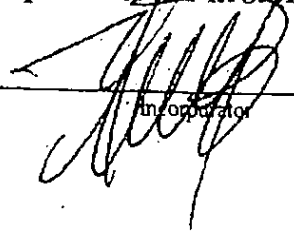
**Required Signatures:**


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

  
\_\_\_\_\_  
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.

  
\_\_\_\_\_  
Incorporator

  
\_\_\_\_\_  
Date