

**P21** **000092828**  
 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 EL CONGO MARIALTO INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

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Electronic Filing Menu

Corporate Filing Menu

Help

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

**ARTICLE I NAME:** The name of the corporation is:

Botanica EL Congo Mariato INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

4720 NW 85 AV APT: 500

Doral Florida 33166

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

JORGE Luis Samuell

(P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

JORGE Luis Samuell

4720 NW 85 AV APT 500

Doral Florida 33166

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

JORGE Luis Samuell

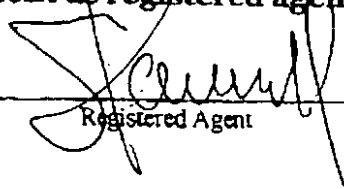
4720 NW 85 AV APT: 500

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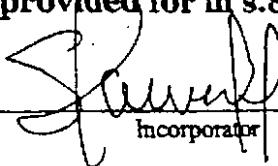
**Required Signatures:**

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

10-26-2021  
\_\_\_\_\_  
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

10-26-2021  
\_\_\_\_\_  
Date

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LAZARUS