Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone

: (305)552-5973

Fax Number

(305)675-5944

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	_	
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FLORIDA PROFIT/NON PROFIT CORPORATION L & J SALGADO NURSERY INC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	L & J SALGADO NURSERY INC
	ARTICLE II PRINCIPAL OFFICE:
The	principal street address and mailing address is:
	16975 SW 272nd STREET
	HOMESTEAD, FL 33031
ARTICLE III SH	ARES: The number of shares of stock is: 100@1.00 P VALU.
ARTICLE IV	INITIAL DIRECTORS AND/OR OFFICERS:
PR	RESIDENT - GLADIBEL SALGADO
V CE-PR	RESIDENT - BERNABE ŞALGADO
	NITIAL REGISTERED AGENT AND STREET ALDRESS:
The name and Florida	a street address (PO Box not acceptable) of the registered agent is:
	GLADIBEL SALGADO
	16975 SW 272nd STREET
	HOMESTEAD, FL 33031
ARTICLE VI I	NCORPORATOR: The name and address of the Incorporator is:
	GLADIBEL SALGADO
	16975 SW 272nd STREET
	HOMESTEAD EL 33031

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

03/01/20:23

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

03/01/2023

Cate