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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:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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Fax Number : (305)675-5944

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Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION KING PALMS WHOLESALE NURSERY INC

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

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Corporate Filing Menu

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

KING PALMS WHOLESALE NURSERY INC

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

19700 SW 192 Street

Miami, FL 33187

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

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Ronney Reyes, Sole Owner/President

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

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

Ronney Reyes

19700 SW 192 Street

Miami, FL 33187

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

Ronney Reyes

19700 SW 192 Street

Miami, FL 33187

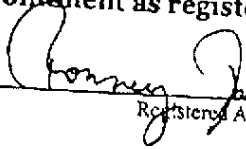
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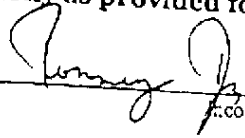
Required Signatures:

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 3/24/23
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.



Corporator 3/24/23
Date

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