

P2400000504

Florida Department of State
Division of Corporations
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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
PLANTAE JUNGLE, INC.**

Certificate of Status	0
Certified Copy	1
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Corporate Filing Menu

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ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PLANTAE JUNGLE, INC.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address8691 NW 20 CTSUNRISE, FL 33322

Mailing address, if different is:

SAME ADDRESS**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: EXOTIC PLANTS SALES**ARTICLE IV SHARES**The number of shares of stock is: 100 SHARES PER VALUE \$1.00**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SAILY ARIAS PEREZ

Name and Title: _____

Address 8691 NW 20 CT

Address: _____

SUNRISE, FL 33322PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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Name and Title: _____ Name and Title: _____
 Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: SAILY ARIAS PEREZ
 Address: 8691 NW 20 CT
SUNRISE, FL 33322

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAILY ARIAS PEREZ
 Address: 8691 NW 20 CT
SUNRISE, FL 33322

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

[Signature]
 Required Signature/Registered Agent

1-11/23
 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.

[Signature]
 Required Signature/Incorporator

1/4/23
 Date