

Florida Department of State

Division of Corporations

P24000070908

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240003841583)))



H240003841583ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
MR. GOL NURSERY & FARM CORP.

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

[Electronic Filing Menu](#)[Corporate Filing Menu](#)[Help](#)

RECEIVED

2024 NOV 19 PM 3:31

RECEIVED
TALLAHASSEE, FL

24 NOV 20 AM 6:17

FILED
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF INCORPORATION
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:Mr. GOL Nursery & Farm Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

18275 SW 256 st
Homestead FL 33031**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Andres Aguirre (P)
Johanna Castillo (VP)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

Andres Aguirre
18275 SW 256 st
Homestead FL 33031**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Andres Aguirre
18275 SW 256 st
Homestead FL 33031

24 NOV 20 AM 6:17

FILED
SECRETARY OF STATE
CORPORATE SERVICES DIVISION

EIN: 33-2014427

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_____
DateFILED
SECRETARY OF STATE
CORPORATIONS

24 NOV 20 AM 6:17