

02/96

FLORIDA DIVISION OF CORPORATIONS
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TO: DIVISION OF CORPORATIONS

FAX #: (904)922-4001

FROM: EMPIRE CORPORATE KIT COMPANY
CONTACT: RAY STORMONT
PHONE: (305)541-3694

ACCT#: 072430003255

FAPAX #: (305)541-3770

NAME: BOTANICA RL ABUSILO, INC.

AUDIT NUMBER.....H96000013824

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..0

PAGES.....7

CERT. COPIES.....1

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The grandfather's Botanic,
Inc.

~~Call before
visit to PUP~~



FLORIDA DEPARTMENT OF STATE
Handra B. Morham
Secretary of State

October 1, 1998

EMPIRE CORPORATE KIT COMPANY

SUBJECT: BOTANICA EL ABUELO, INC
REF: 896000670017

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Dale Callaway
Document Specialist

FAX And # 89600013824
Letter Number 106A00048248

Star
Please!

ARTICLES OF INCORPORATION
of

BOTANICA EL ABUELO, INC.

WE, THE UNDERSIGNED, JORGE G. ZARATE, MARITZA BENITEZ AND ANDRES VALDEZ hereby associate ourselves for the purpose of becoming a corporation under the Laws of the State of Florida, by and under the provisions of the Statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of a corporation for profit.

ARTICLE I

The name of this corporation shall be:

BOTANICA EL ABUELO, INC.

ARTICLE II

The general nature of the business and the objects and purposes proposed to be transacted and carried on are to do any and all of the things mentioned, as fully and to the same extent as natural persons might or could do, viz:

- a. To engage in any legal business.
- b. In the purchase or acquisition of business rights of franchises, or for additional working capital, or for any other object in or about its business or affairs, and without limit as to amount, to incur debt, and to raise, borrow, and secure the payment of money in any lawful manner, including issue and sale of other disposition of bonds, warrants, debentures, obligations, negotiable and transferable instruments and evidence of all kinds, whether secured by mortgage, pledge, deed or trust otherwise.
- c. Generally to perform and make contracts of any kind and description and for the purpose of attaining any of the objects of the corporation, to do and perform any other acts or things, and to exercise any and all powers which a co-partnership or natural person could do and exercise, and which now are, or hereafter may be authorized by law and generally to do and perform any and all things necessary or incident to the performing and carrying out of the power hereinabove specifically delegated or implied.

Prepared by:
Martha Valverde, Accountant
455 NW 210 Terrace
N. Miami Beach, FL 33179
(305) 653 1551

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ARTICLE III

CAPITAL STOCK

The authorized capital stock of this corporation shall be divided into 500 shares of common stock of ONE DOLLAR PAR VALUE.

All said stocks shall be payable in cash, property, labor or services at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose, or paid for, with the capital stock at a just valuation to be fixed by the Board of Directors at a meeting called for the purpose. None of the stockholders herein, or anyone who may become stockholders of this corporation, shall have or shall ever have pre-emptive rights in and to any authorized or un-issued stocks of this corporation until such time as an Amendment to the By-Laws may be passed. This provision is made pursuant to Florida Statute 608.42.

ARTICLE IV

CAPITAL TO BEGIN BUSINESS

The amount of capital with which this corporation shall commence business shall be a minimum of FIVE HUNDRED AND 00/100 DOLLARS .

ARTICLE V

CORPORATE EXISTING

This corporation shall exist perpetually unless sooner dissolved according to law.

ARTICLE VI

PRINCIPAL PLACE OF BUSINESS

The principal place of business of said Corporation shall be: 5829 S.W 8TH STREET, MIAMI, FLORIDA 33134 and with the privilege of having branch offices at other places within or without the State of Florida.

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ARTICLE VII

The Resident Agent designated to accept service of process for the corporation shall be: **JORGE G. ZARATE** at 5918 W. 26th Avenue, Hialeah, Florida 33106.

ARTICLE VIII

The number of Directors of this corporation shall be not less than ONE (1) nor more than FIVE (5).

ARTICLE IX

DIRECTORS

The names and addresses of the first Board of Directors of this corporation who shall hold office for the first year or until their successors are chosen, shall be:

NAME	ADDRESS
JORGE G. ZARATE	5918 W 26TH AVENUE HIALEAH, FL 33106
MARITZA BENITEZ	2411 SW 24TH STREET MIAMI, FL
ANDRES VALDEZ	2411 SW 24TH STREET MIAMI, FL

ARTICLE X

The name and address of the Officers of this corporation who shall hold office for the first year or until their successors are chosen shall be:

NAME	TITLE	ADDRESS
JORGE G. ZARATE	PRESIDENT	5918 W. 26TH AVENUE HIALEAH, FL 33106
MARITZA BENITEZ	VICE- PRESIDENT	2411 SW 24TH STREET MIAMI, FL
ANDRES VALDEZ	SECRETARY	2411 SW 24TH STREET MIAMI, FL

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ARTICLE XI

The names and post office addresses of the subscribers and the number of shares each agree to take are:

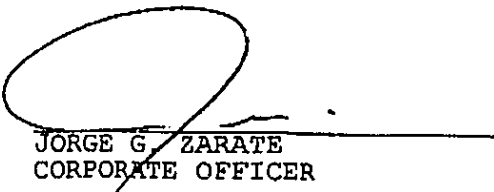
NAME	ADDRESS	NUMBER OF SHARES
JORGE G. ZARATE	5918 W. 26TH AVENUE HIALEAH, FL 33106	255 - 51½
MARITZA BENITEZ	2411 SW 24TH STREET MIAMI, FL	123 - 25½
ANDRES VALDEZ	2411 SW 24TH STREET MIAMI, FL	122 - 24½

ARTICLE XII

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In compliance with Section 48.091, Florida Statutes, the following is submitted:

First, that **BOTANICA EL ABUELO, INC.** desiring to organize or qualify under the law of the State of Florida, with its principal place of business at City of Miami, State of Florida, has named **JORGE G. ZARATE**, at **5918 W 26TH AVENUE, HIALEAH, FL 33106**, as its agent to accept service of process within Florida.

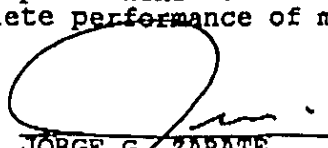

JORGE G. ZARATE
CORPORATE OFFICER

DATE: October 1st, 1996

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Having been named to accept service of process for the above stated corporation, at the place designated in this Certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Statutes relative to the proper and complete performance of my duties.

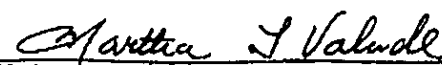

JORGE G. ZARATE
DATE: October 1st, 1996

ARTICLE XIII

ACKNOWLEDGEMENT

STATE OF FLORIDA)
) SS:
COUNTY OF DADE)

I HEREBY CERTIFY that on this 1st day of October, 1996 Personally appeared before me, the undersigned Notary Public in and for the State of Florida, JORGE G. ZARATE, MARITZA BENITEZ and Andres Valdes parties to the foregoing Certificate of Incorporation, and acknowledged that he or she did make, subscribe and acknowledge the foregoing Certificate as and for his or her voluntary act and deed, and that the facts herein set forth are true and correct as given under my hand and official seal, the day and year written at Miami, Dade County, Florida.


Notary Public
State of Florida at Large

My commission expires:



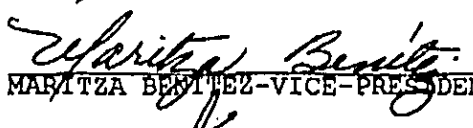
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96 OCT -3 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TOTAL P.00

Subscribers:


JORGE G. ZARATE-PRESIDENT


MARITZA BENITEZ-VICE-PRESIDENT


ANDRES V. LOPEZ SECRETARY

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P96000081970

Maritza Benitez
Requestor's Name

2411 SW 24th Street
Address

Miami, FL 33145
City/State/Zip Phone #

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*****35.00 *****35.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A. Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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TALLAHASSEE, FLORIDA

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Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, MARITZA BENITEZ after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, MARITZA BENITEZ hereby resign as VICE PRESIDENT of
(Title)
BOTANICA EL ABUELO, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

X Maritza Benitez
Signature of resigning officer/director
M.O. # 15-922989412

Sworn to and subscribed before me this 14 day of December 1996.

Mabel Hernandez
NOTARY PUBLIC

My Commission Expires:



MABEL HERNANDEZ
My Commission CC270686
Expires Mar. 22, 1997

MABEL HERNANDEZ
My Commission CC270686
Expires Mar. 22, 1997

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Requestor's Name

ALHE: MARITZA BEVITEZ
2411 S.W. 24 Street
MIAMI FLA 33145.

700002085537--8
-02/12/97--01091--011
*****35.00 *****35.00

Office Use Only

NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input checked="" type="checkbox"/>	Resignation of R.A., Officer/ Director
<input checked="" type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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<input type="checkbox"/>	Annual Report
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REGISTRATION/ QUALIFICATION	
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<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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SH 2/17



Florida Department of State, Jim Smith, Secretary of State

AFFIDAVIT OF RESIGNATION OF OFFICER AND/OR DIRECTOR

STATE OF FLORIDA
COUNTY OF DADE

I, ANDRES VALDEZ after being duly sworn, state that to the best of my knowledge, information and belief, and under the penalties of perjury, the following is true and correct:

I, ANDRES VALDEZ hereby resign as SECRETARY of
(Title)
BOTANICA EL ABUELO, INC., a Florida corporation;
(Name of Corporation)

That the corporation has been notified in writing of the resignation.

X [Signature]
Signature of resigning officer/director
M.O. # 15-922989413

Sworn to and subscribed before me this 14 day of December 1996.

[Signature]
NOTARY PUBLIC



My Commission Expires: _____

MABEL HERNANDEZ
My Commission CC270841
Expires Mar. 22, 1997

FILING FEE IS \$35.00

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