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Requestor's Name	30
10900 NW 14 Ave # D15 Address	5000024372950 -02/23/9801027013
Miami, FL 33167 City/State/Zip Phone #	****122.50 ****122.50
City/State/Zip Phone #	Office Use Only
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):	
1. Flora International (Corporation Name) (Document	Lnc·
2. (Corporation Name) (Documer	. 4
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NEW FILINGS: AMENDMENTS	
Profit Amendment  NonProfit Resignation of R.A., Officer/ Director	
Limited Liability Change of Registered Agent	
Domestication Dissolution/Withdrawal	
Other Merger	J
OTHER FILINGS: REGISTRATION/	·-
Annual Report QUALIFICATION Foreign	
Fictitious Name  Limited Partnership	
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CR2E031(1/95)	Examiner's Initials
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#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 24, 1998

ANTHONY PETERS 10900 N.W. 14TH AVE., #D15 MIAMI, FL 33167

SUBJECT: FLORA INTERNATIONAL INC.

Ref. Number: W98000004049

We have received your document for FLORA INTERNATIONAL INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 598A00010342

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

# ARTICLES OF INCORPORATION OF



## FLOBABATON INTERNATIONAL INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### **ARTICLE I. NAME**

The name of the corporation shall be:

#### FLOBABATON INTERNATIONAL INC.

## ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

18367 N.W. 27TH AVENUE #27 MIAMI, FL. 33056

### ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 SHARES

### ARTICLE IV. INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

ANTHONY PETERS 18367 N.W. 27TH AVENUE #27 MIAMI, FL. 33056

## ARTICLE V. INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

1) ANTHONY PETERS 18367 N.W. 27TH AVENUE #27 MIAMI, FL. 33056

The undersigned has(have) executed these Articles of Incorporation this <u>Q:4</u> day of <u>MARCH</u>, 1998.

Aprilio C.E.O Signature/Title



## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

#### FLOBABATON INTERNATIONAL INC.

2. The name and address of the registed agent and office is:

ANTHONY PETERS 18367 N.W. 27TH AVENUE #27 MIAMI, FL. 33056

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE: Apaleus

DATE: 03-24-98.