

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

P98000088313

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 OCT 15 PM 2:45

SUBJECT: Orchid Heaven, Inc.
(Proposed corporate name - must include suffix)

200002664472-2
-10/15/98-01050-005
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

~~\$75~~
☐ ~~\$122.50~~
Filing Fee
& Certified Copy

~~\$87.50~~
☒ ~~\$131.25~~
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Ki McCoy
Name (Printed or typed)

3061 SW 47 Street
Address

Dania, FL 33312
City, State & Zip

(954) 967-9958
Daytime Telephone number

F. CHESSER OCT 15 1998

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Orchid Heaven, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3061 SW 47 Street.
Dania, FL 33312

ARTICLE III SHARES

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

2

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Ki McCoy. 3061 SW 47 Street, Dania, FL 33312.

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Ki McCoy
Mark Spotts.

Ki McCoy
Mark Spotts.

Michael McCoy.

M w McCoy

Signature/Incorporator

10/12/98

Date

(An additional article must be added if an effective date is requested.)

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

Ki McCoy
Signature/Registered Agent

10/12/98

Date

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