

PO2 0000 13172

TRANSMITTAL LETTER

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

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-01/31/02--01040--001
*****87.50 *****87.50

SUBJECT: S & M FLORALS, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

\$70.00 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

FROM: STEPHANIE LYNCH
Name (Printed or typed)
1683 BURGANDY ST, SE
Address
PALM BAY, FL 32909
City, State & Zip
321-953-5174
Daytime Telephone number

02 JAN 31 AM 8:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

*Left msg about
corp address
bc 2/6*

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just*

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

ARTICLE I - NAME

The name of the corporation shall be:

S & M Florals, Inc.

ARTICLE II - PRINCIPAL OFFICE

The street address of the office of the corporation shall be:

3350 N Riverside Dr, Indialantic, FL 32903

ARTICLE III - PURPOSE

To provide flowers and floral services in a retail environment.

ARTICLE IV - SHARES

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is **100** shares of common stock having a par value of **\$0.01** per share.

ARTICLE V INITIAL - OFFICERS/DIRECTORS

President

Stephanie Lynch
1683 Burgundy Street SE
Palm Bay, FL 32909

Vice-President

Mark Enriquez
3350 N Riverside Dr
Indialantic, FL 32903

Secretary

Stephanie Lynch
1683 Burgundy Street SE
Palm Bay, FL 32909

Treasury

Mark Enriquez
3350 N Riverside Dr
Indialantic, FL 32903

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ARTICLE VI - REGISTERED AGENT

Stephanie Lynch
1683 Burgundy Street SE
Palm Bay, FL 32909

ARTICLE VII - INCORPORATOR

Stephanie Lynch
1683 Burgundy Street SE
Palm Bay, FL 32909


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




Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA