

P12000035629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

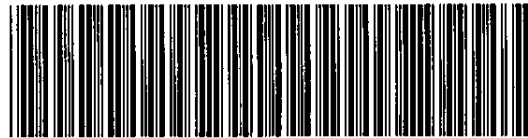
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Floral Designs By Horten 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Hortensia Barbara
Name (Printed or typed)

3410 S.W. 5 PL.
Address

Cape Coral, FL 33914
City, State & Zip

(8:00 AM to 4:00 PM) 786-275-5894 OR (305)-297-3816 mobile
Daytime Telephone number

lamamas6.hb@gmail.com
E-mail address: (to be used for future annual report notification)

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

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: Floral Designs By Horten Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
3410 S.W. 5 PL.
Cape Coral, FL 33914

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Designer for floral Arrangements for Weddings - & events.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Director Hortensia Barbara
Address: 3410 S.W. 5 PL.
Cape Coral, FL 33914

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Hortensia Barbara
Address: 3410 S.W. 5 PL.
Cape Coral, FL 33914

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hortensia Barbara
Address: 3410 S.W. 5 PL.
Cape Coral, FL 33914

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

Required Signature/Registered Agent

4/10/12
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.

Required Signature/Incorporator

4/10/12
Date

