

P/6000013034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

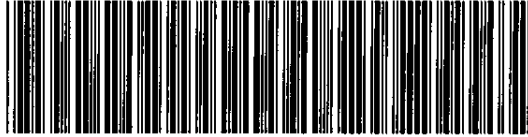
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800281461678

01/28/16--01008--014 **87.50

FILED
OFFICE OF STATE
REGISTRARS
16 JAN 28 PM 2:46

02/09/16

COVER LETTER

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

SUBJECT: Blooming Creations Company.
(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: Suely Pires Canuto
Name (Printed or typed)

2006 SW Jamesport Drive
Address

Port Saint Lucie, FL 34953
City, State & Zip

772-475-7983
Daytime Telephone number

suecanuto@outlook.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: Blooming Creations Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2006 SW Jamesport Drive

Port Saint Lucie, FL 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Event planning, decorating, designing of flower arrangements, and part

FILED
SECRETARY OF STATE
TALLAHASSEE
16 JAN 29 PM 2:45

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Suely Pires Canuto (President) Name and Title: _____

Address 2006 SW Jamesport Drive Address: _____

Port Saint Lucie, FL 34953 _____

Name and Title: Dalyane Fernandes Canuto (Vice-President) Name and Title: _____

Address 2006 SW Jamesport Drive Address: _____

Port Saint Lucie, FL 34953 _____

Name and Title: Amanda Patricia Canuto (Treasure) Name and Title: _____

Address 1256 SW Byron Street Address: _____

Port Saint Lucie, FL 34983 _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Dalyane Fernandes Canuto
 Address: 2006 SW Jamesport Drive
Port Saaint Lucie, FL 34953

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Suely Pires Canuto
 Address: 2006 SW Jamesport Drive
Port Saint Lucie, FL 34953

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 15 JAN 28 PM 2:16

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dalyane Canuto
 Required Signature/Registered Agent

01/20/2016
 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.

Stanto
 Required Signature/Incorporator

01/20/2016
 Date