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

> 700001859607 -06/12/96--01048--011 \*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Janie & Katie's Flower Shops Inc.

JUN 1 2 1995

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

FILED

## **ARTICLES OF INCORPORATION**

96 JUN 11 PM 2: 03

SECREMANT OF STATE TALLAHASSEE, FLORIDA

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:

Janie & Katie's Flower Shop, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2527 W. Columbus Drive Tampa, Fl. 33607

ARTICLE III SHARES

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

Ten

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Maria Eugenia Morales 1903 W. Kathleen Street Tampa, Fl. 33607

## ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Alberto Morales - President Maria Eugenia Morales - Vice - President

1903 W. Kathleen St. Tampa , Fl. 33607

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4th day of June, 19 90.

Signature

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

Janie & Katie's Flower Shop, Inc.
ered agent and office is:
CIQ EUGENIA MOVALES  (NAME) SAMLEON ST.  COT MAIL Drop BOX NOT ACCEPTABLE)  CITY/STATE/ZIP)  CITY/STATE/ZIP)
gent and to accept service of process for the above stated this certificate, I hereby accept the appointment of registered y. I further agree to comply with the provisions if all stututes rformance of my duties, and I am familiar with and accept the ad agent.  (DATE)