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FLORIDA DIVISION OF CORPORATIONS  
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4001

FROM: FAS-T CORP. AGENTS, INC.  
CONTACT: LIDIA FERNANDEZ  
PHONE: (305)599-0839

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NAME: YUMI'S FLOWERS OF HIALEAH CORP.

AUDIT NUMBER.....H98000009690

DOC TYPE.....FLORIDA PROFIT CORPORATION OR P.A.

CERT. OF STATUS..1

PAGES..... 3

CERT. COPIES.....0

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

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**ARTICLE OF INCORPORATION**

**OF**

**YUMI'S FLOWERS OF HIALEAH CORP;**

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be: YUMI'S FLOWERS OF HIALEAH CORP.

The principal place of business of this corporation shall be:  
2360 W. 68 ST.  
HIALEAH, FLORIDA 33016

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:  $100 \times \$ 10.00 = \$ 1,000.00$

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared By: Basic Accounting Service  
692 W. 29 Street #9  
Hialeah, Fl. 33012  
(305) 887-4185

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

1. The name of the corporation is: \_\_\_\_\_  
YUMI'S FLOWERS OF HIALEAH CORP.

2. The name and address of the registered agent and office is \_\_\_\_\_  
AMAURI FERREIRA  
(Name)

9049 NW. 117 TERR.

(P. O. BOX NOT ACCEPTABLE)

HIALEAH GARDENS, FLORIDA 33018

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_



DATE \_\_\_\_\_

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