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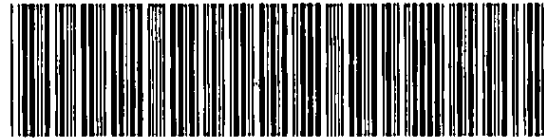
(Business Entity Name)

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FLORIDA

EFFECTIVE DATE 08/01/17

08/02/17

COVER LETTER

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

SUBJECT: FLORIDA FLOWER SHOW JUDGES, INC.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: ANDREA A. FINN

Name (Printed or typed)

1840 OLD TOMOKA RD. W.

Address

ORMOND BEACH, FL. 32174-6715

City, State & Zip

386-677-2630

Daytime Telephone number

finn1840@bellsouth.net

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 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: FLORIDA FLOWER SHOW JUDGES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1400 S. DENNING DRIVE
WINTER PARK, FL. 32789-5622

Mailing address, if different is:
1840 OLD TOMOKA RD. W.
ORMOND BEACH, FL. 32174-6715

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE OBJECT OF THIS ORGANIZATION SHALL BE: TO MAINTAIN
THE STANDARD OF FLOWER SHOW JUDGING; TO ADD TO THE CAPABILITY AND KNOWLEDGE OF THOSE
HOLDING NATIONAL GARDEN CLUBS FLOWER SHOW JUDGES CERTIFICATES; TO PROMOTE UNIFORM JUDGING
BY EDUCATION, EXHIBIT DESIGNS AND HORTICULTURE IN FLOWERS SHOWS, RESEARCH, STUDY AND
PRACTICE.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____

SHALL BE ELECTED IN THE YEARS OF UNEVEN DATE AT THE ANNUAL MEETING.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY SILAS, PRESIDENT

Address: 301 WATERS EDGE DR.
SOUTH PONTE VEDRA, FL. 32082

Name and Title: CHRISTY LINKE, REC. SECR.

Address: 2909 ASTON AVE.
PLANT CITY, FL. 33566-9301

Name and Title: JAN GRIFFIN, 1st VICE-PRESIDENT

Address: 3032 SUTTON WOODS DR.
PLANT CITY, FL. 33566-9606

Name and Title: ANDREA A. FINN, TREASURER

Address: 1840 OLD TOMOKA RD. W.
ORMOND BEACH, FL. 32174-6715

Name and Title: KATHLEEN HAWRYLUK, 2nd V.P.

Address: 5081 TAMARIND RIDGE DR.
NAPLES, FL. 34119-2829

Name and Title: _____

Address: _____

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

 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: Andrea A. Finn, Treasurer
 Address: 1840 Old Tomoka Rd. W.
Ormond Beach, Fl. 32174-6715

17 AUG - 1 AM 9:31
 STATE
 DEPT OF STATE
 FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Andrea A. Finn
 Address: 1840 Old Tomoka Rd. W.
Ormond Beach, Fl. 32174-6715

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: AUG. 1, 2017 (OPTIONAL)

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

Andrea A. Finn
 Required Signature of Registered Agent

7-26-17
 Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Andrea A. Finn
 Required Signature of Incorporator

7-26-17
 Date