

# Flowers Direct®

## B98000000070

January 20, 1998

To Order Flowers, 1-800-715-1999

http://www.flowersdirect.com

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

100002410161--9

01/23/98 01047-001

\*\*\*1846.25 \*\*\*1846.25

Dear Sir/Madam:

Please find enclosed our application to transact business in Florida, along with a check in the amount of \$1,846.25 for the following:

|                        |                   |
|------------------------|-------------------|
| Fee (based on capital) | \$1,750.00        |
| Registered Agent       | 35.00             |
| Certified Copy         | 52.50             |
| Certificate            | 8.75              |
|                        | <u>\$1,846.25</u> |

Any questions should be directed to and the acknowledgement should be mailed to Bill McClure at 5425 Beaumont Center Blvd., Suite 920, Tampa, FL 33634 (813)243-1605.

Very truly yours,

*Patricia A. Barnhart*  
Patricia A. Barnhart

FILED  
98 JAN 23 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                   |     |
|-------------------|-----|
| Name              |     |
| Available         |     |
| Document Examiner | EOC |
| Updater           | EOC |
| Updater Verifier  | EOC |
| Ackno. Jdgement   | EOC |
| W. P. Verifier    | EOC |

TC  
\$623,880.00

B98000000070

5425 Beaumont Center Blvd., Suite 920 • Tampa, FL 33634 • Phone: 813-243-1605 • Fax: 813-243-1905

Same people as L96537

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. FLOWERS DIRECT, LIMITED PARTNERSHIP  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. DELAWARE  
(State of Formation)

4. JANUARY 1, 1996  
(Date of Formation)

5. WILLIAM C. MCCLURE  
(Name of Registered Agent for Service of Process)

6. 5425 BEAUMONT CENTER BLVD, SUITE 920  
(Street Address of Registered Office)

TAMPA Florida 33634  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process:

William C. McClure  
(Agent must sign on this line)

8. 5425 BEAUMONT CENTER BLVD, SUITE 920

TAMPA, FL 33634  
(Address of registered office required in state of formation or, if not required, address of principal office.)

9. NAMES OF GENERAL PARTNERS

STREET ADDRESS

FLORAL SENSATIONS, INC.

5425 BEAUMONT CTR. BLVD, STE 920  
TAMPA, FL 33634

P95000056732

10. FLOWERS DIRECT, LP 5425 BEAUMONT CENTER BLVD., STE 920  
TAMPA, FL 33634  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is canceled or withdrawn.

CONTINUED

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98 JAN 23 AM 9:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12. 5425 BEAUMONT CENTER BLVD, SUITE 920

TAMPA, FL 33634

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 19<sup>th</sup> day of JANUARY, 19 98

William C. McClure  
General Partner

STATE OF Florida

COUNTY OF Hillsborough

On this 19<sup>th</sup> day of January, 19 98

William McClure

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

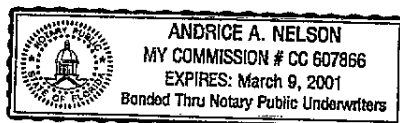
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FILED  
SECRETARY OF STATE  
ALAHASSEE, FLORIDA

Andrice A. Nelson  
(Notary Public Signature)

ANDRICE A. NELSON  
(Notary's Printed Name)

Seal

My Commission Expires: 3/9/01



**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED PARTNERSHIP**

BEFORE ME the undersigned personally appeared \_\_\_\_\_  
a general partner of FLOWERS DIRECT, LIMITED PARTNERSHIP, a (an) DELAWARE  
limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 623,880.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 623,880.

Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This 19<sup>th</sup> day of JANUARY, 19 98.

William McClure  
General Partner

STATE OF Florida  
COUNTY OF Hillsborough

On this 19<sup>th</sup> day of January, 19 98,

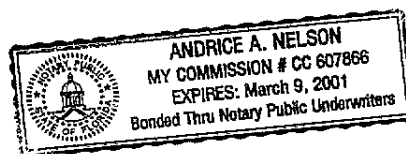
William McClure, personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Andrice A. Nelson  
(Notary Public Signature)

ANDRICE A. NELSON  
(Notary's Printed Name)



Seal

My Commission Expires: 3/9/01

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