

FO2 00000 3145

CORPORATION(S) NAME

White Flower Designs, Inc.

FILED  
02 JUN 20 PM 1:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400005884224--2  
-06/20/02--01015--029  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

400005884224--2  
-06/20/02--01015--030  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

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<input type="checkbox"/> Nonprofit		
<input checked="" type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

6/20/02

Order#: 5395967

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

RECEIVED  
02 JUN 20 AM 11:23  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
DEPARTMENT OF STATE

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

FO2-3145  
JL

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

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TALLAHASSEE, FLORIDA

1. White Flower Designs, Inc.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Texas

(State or country under the law of which it is incorporated)

3. 75-2910464

(FEI number, if applicable)

4. December 6, 2000

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. upon qualification

(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 1887 Polo Lake Drive, East

Wellington, Florida 33414

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized to do business under the laws of Florida.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. **Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)**

Name: Barry Cohen

Office Address: 1887 Polo Lake Drive, East

Wellington, Florida, 33414

(Zip code)

10. **Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Barry Cohen (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. **Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)**

**A. DIRECTORS (Street address only - P.O. Box NOT acceptable)**

Chairman: Barry Cohen

Address: 1887 Polo Lake Drive, East  
Wellington, Florida 33414

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Kari Walmsley

Address: 162 Concord Road  
Wayland, Massachusetts 01778

Director: Ellen Cohen

Address: 1887 Polo Lake Drive, East  
Wellington, Florida 33414

**B. OFFICERS (Street address only - P.O. Box NOT acceptable)**

President: Barry Cohen

Address: 1887 Polo Lake Drive, East  
Wellington, Florida 33414

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

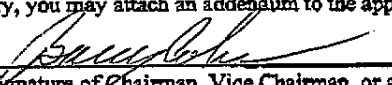
Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Barry Cohen, President  
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

FILED

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Gwyn Shea  
Secretary of State

## Office of the Secretary of State

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for WHITE FLOWER DESIGNS, INC. (filing number: 160761600), a Domestic Business Corporation, was filed in this office on December 06, 2000.

It is further certified that the entity status in Texas is active.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on June 06, 2002.



A handwritten signature in cursive script that reads "Gwyn Shea".

Gwyn Shea  
Secretary of State

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TALLAHASSEE, FLORIDA

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Come visit us on the internet at <http://www.sos.state.tx.us/>

PHONE(512) 463-5555  
Prepared by: Virginia Suniga

FAX(512) 463-5709

TTY7-1-1