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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Teters Floral Products Inc.
SUBJECT: Teters Floral Products Inc. (Name of corporation - must include suffix)
Dear Sir or Madam:
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.
Please return all correspondence concerning this matter to the following:
lunn Balken
(Name of Person)
Name of Person) Teters Floral Products Inc (Firm/Company)
1425 5 Lillian
(Address) Bolivar, MO (05613 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Lynn Byker at (417) 326-7654
(Name of Person) at (417) 326-7654 (Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:
\$70.00 Filing Fee \$\Bigcup \\$78.75 Filing Fee & B87.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status &

Certified Copy

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.

1. Teters Floral Products Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")
inc., co., corp. me, co, or corp. y
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Delaware 3. 26-0508775 (State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 7-10-2007 5. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6. 8-3/-2007 (Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
2 141F 5 1:11: 12:11: MA 1-51-10
7. 1425 S Lillian Bolivar MO 65613 (Principal office address)
1425 S Lillian Bolivar MO 65613 (Current mailing address)
8. To commence wholesale transactions in the state
(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 NOT acceptable)
Name: Dave Bemoll
Office Address: 515 Oak ST
Neptune Beach, Florida 32266 (City) (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.

(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 business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: ____ Vice Chairman: Address: ____ Director: __ Director: **B. OFFICERS** President: Billy Mark Johnson Address: 1425 S Lillian Bolivar 190 65613 Vice President: Address: Secretary: Kathy Price Address: 1425 S Lillian Bolivar MO 65613 Treasurer: Deanna Burns Address: 1425 Shillian Bolivar MO 65613 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) 14. Kathy Price Dir of Human Resource / Coeparate Secretary
(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TETERS FLORAL PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF JULY, A.D. 2008.



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Warriet Smith Windson, Secretary of State

AUTHENTICATION: 6765006

DATE: 07-31-08

You may verify this certificate online at corp.delaware.gov/authver.shtml