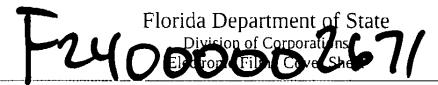
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (813)436-5206

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FOREIGN PROFIT/NONPROFIT CORPORATION Family Flowers, Inc.

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5/20/2024 12:50.18 PDT To: 18506176383 Page: 2/4 Fax: 8134365206

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.

(State or country under the law of which it is incorporated) O2/01/2019 (Date of incorporation) (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7901 4th St N STE 300 St. Petersburg, FL 33702 (Principal office street address) (Principal office street address) 7901 4th St N STE 300 St. Petersburg, FL 33702 (Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agents Inc	(Enter name of c	orporation; must include "INCORPORATED," "orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORATIO	N."
(State or country under the law of which it is incorporated) (State or country under the law of which it is incorporated) (Date of country under the law of which it is incorporated) (Date of incorporation) (Date of duration, if other than perpetual) (Date of incorporation) (Date of incorporation) (Date of duration, if other than perpetual) (Date of duration, if other than perpetual) (Pate first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Principal office street address) (Principal office street address) (Current mailling address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agents Inc The Address: (City) Registered agent's acceptance (City) Registered agent and to accept service of process for the above stated confugration at the signated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of mether agree to comply with the provisions of all statutes relative to the proper and complete performance of mether agree to comply with the provisions of all statutes relative to the proper and complete performance of mether agree to comply with the provisions of all statutes relative to the proper and complete performance of mether agree to complete performance of mether agree t	Flowers by I	Edith, Inc.		
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7 14119 DOVETO		David Xe	Bberts	

^{10.} 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.

A. DIRECTORS			
□Chairman	Numc: McCarthy, Kevin	□ Chairman	Name: Connolly, Patrick
□Vice Chairman	Address:	□ Vice Chairman	Address:
■Director	7901 4th St N STE 300	□Director	7901 4th St N STE 300
■ President	St. Petersburg, FL 33702	President	St. Petersburg, FL 33702
□Vice President		□ Vice President	
□ Secretary	☐ Treasurer	■ Secretary	☐Treasurer
Other	Other	□Other	Other
□Chairman	Name: McCarthy, Erin	□Chairman	Name:
□Vice Chainnan	Address:	□ Vice Chainnan	Address:
Director	7901 4th St N STE 300	Director	
□President	St. Petersburg, FL 33702	□ President	
□Vice President		□ Vice President	
□Secretary	■ Treasurer	□ Secretary	☐ Treasurer
□Other	□Other	□Other	Other
□Chainnan	Name:	□Chairman	Name:
UVice Chairman	Address:	∐Vice Chairman	Address:
□Director		Director	
□President		□President	
□Vice President		□ Vice President	
□Secretary	☐ Treasurer	□ Secretary	□Treasurer
□Other	Other	□ Other	□ Other

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in 5.517.155. F.S.

Control Number: 19009794

STATE OF GEORGIA

Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Brad Raffensperger, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

Family Flowers, Inc.
a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 27289458 Date Inc/Auth/Filed: 02/01/2019 Jurisdiction : Georgia Print Date : 05/06/2024

Form Number : 211

Brad Rafforspage

Brad Raffensperger Secretary of State