

H27974

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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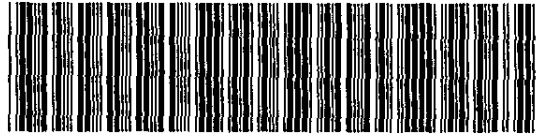
(Business Entity Name)

(Document Number)

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G. Coulllette MAR 23 2006

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BLOSSOM HOUSE FLORISTS, INC.

**DOCUMENT NUMBER:** H27974

The enclosed Articles of Dissolution and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KATHLEEN HARNED

(Name of Contact Person)

Blossom House Florist, Inc

(Firm/Company)

688 Sheridan Woods Drive

(Address)

Melbourne, Florida 32904

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen Harned

(Name of Contact Person)

( 321 ) 984-2338

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy

☐ \$52.50 Filing Fee,  
Certificate of Status  
& Certified Copy  
(Additional copy is  
enclosed)

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Drive  
Tallahassee, FL 32301

## ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation currently filed with the Florida Department of State: BLOSSOM HOUSE FLORISTS, INC.

SECOND: The document number of the corporation: H27974.

THIRD: The date dissolution authorized: October 31, 2005

Effective date of dissolution if applicable: October 31, 2005  
(no more than 90 days after dissolution file date)

FOURTH: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by all of the current shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by the shareholders through voting groups.

*The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:*

The number of votes cast for dissolution was sufficient for approval by:

\_\_\_\_\_  
(voting group)

Signature: \_\_\_\_\_

*Kathleen Harned Pres.*

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary)

\_\_\_\_\_  
KATHLEEN HARNED

(Typed or printed name of person signing)

\_\_\_\_\_  
President

(Title of person signing)

**Filing Fee: \$35**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA