

N/6000007291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

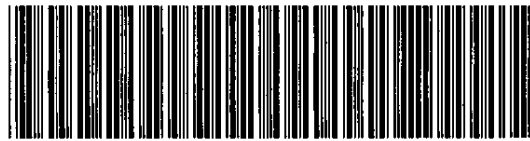
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: **Bouquets of Kindness, Inc.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: **Lisa Kirkwood**

Name (Printed or typed)

**4240 Marquette Avenue**

Address

**Jacksonville, FL 32210**

City, State & Zip

**904-553-0505**

Daytime Telephone number

**lisakirkwood@comcast.net**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be: Bouquets of Kindness, Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address:

4240 Marquette Avenue

Jacksonville, FL 32210

Mailing address, if different is:

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FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: To re-purpose and recycle flowers into random acts of kindness. Our  
volunteers will pick up, rearrange and deliver fresh arrangements to include but not limited to patients in Hospice,  
Elderly Care, Those living with disabilities, long term care and those with terminal illness in the community.

**ARTICLE IV    MANNER OF ELECTION**    The manner in which the directors are elected and appointed: \_\_\_\_\_

Set Forth in the Bylaws

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lisa Kirkwood, President

Address: 4240 Marquette Avenue  
Jacksonville, FL 32210

Name and Title: Kristin Ivey- Treasurer

Address: 4503 Irvington Ave., Suite 3  
Jacksonville, FL 32210

Name and Title: Brooks Holland- Secretary

Address: 4445 Ortega Farms Blvd.  
Jacksonville, FL 32210

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lisa Kirkwood

Address: 4240 Marquette Avenue  
Jacksonville, FL 32210

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Lisa Kirkwood

Address: 4240 Marquette Avenue  
Jacksonville, FL 32210

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature of Registered Agent

July 14, 2016  
Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

  
Required Signature of Incorporator

July 14, 2016  
Date

16 JUL 18 PM 12:11

FILED  
SECRETARY OF STATE  
JULY 14 2016  
JACKSONVILLE, FLORIDA