

# Procedure 2697

OFFICE USE ONLY

**LAZARUS CORPORATE FILING SERVICE, INC.**  
 (Requestor's Name)  
 3320 S.W. 87th AVENUE  
 (Address)  
 MIAMI, FLORIDA (305)552-5973  
 (City, State, Zip) (Phone #)  
 LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. FLOWERS POINT, CORPORATION  
 (Corporation Name) (Document #)
2. \_\_\_\_\_  
 (Corporation Name) (Document #)
3. \_\_\_\_\_  
 (Corporation Name) (Document #)
4. \_\_\_\_\_  
 (Corporation Name) (Document #)

Walk in     Pick up time 2:00     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

FILED  
 00 JAN 10 PM 1:01  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

800003092758  
 -01/10/00-01057-002  
 \*\*\*\*\*78.75 \*\*\*\*\*78.75

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED  
 00 JAN 10 AM 11:33  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE FLORIDA

Examiner's Initials

# ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

## ARTICLE I: NAME

The name of the Corporation shall be:

Flowers Point, corporation

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7930 NW. 66 th. St.  
Miami, fl. 33166

## ARTICLE III: SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

One Hundred (100).

## ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Anibal Castellanos  
6160 NW. 186 th. St. Apt. # 102  
Miami, FL. 33015

00 JAN 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANIBAL CASTELLANOS  
6160 NW. 186 ST. APT. #102  
MIAMI, FL. 33015.

CLAUDE LAFONTANT.  
38 FAIRWAY TERRACE  
NORWOOD, NJ. 07648

**ARTICLE VI DIRECTOR(S)**

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is (are):

ANIBAL CASTELLANOS  
PRESIDENT  
6160 NW. 186 ST. APT. #102  
MIAMI, FL. 33015.

CLAUDE LAFONTANT.  
TREASURER/SECRETARY  
38 FAIRWAY TERRACE  
NORWOOD, NJ. 07648

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 07 day of JAN./00.

[Signature]  
Signature  
[Signature]  
Signature  
[Signature]  
Signature

00 JAN 10 PM 1:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

[Signature]  
REGISTERED AGENT