

TRANSMITTAL LETTER

P00000012096

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

600003116936--4  
-01/31/00--01137--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** ANGELS & Crystals FLORIST, 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

\$122.50  
Filing Fee  
& Certified Copy

\$131.25  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

**FROM:** Marie T. Davis  
Name (Printed or typed)

1000 N.E. 191 St., F26  
Address

North Miami Beach, FL 33179  
City, State & Zip

305-354-7353  
Daytime Telephone number

*no copy*

T. Burch FEB 3 2000

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

**ARTICLES OF INCORPORATION**

**ARTICLE I – NAME**

**ANGELS' & CRYSTALS' FLORIST & TOURS, INC.**

**ARTICLE II – PRINCIPAL OFFICE**

1000 N.E. 191 St., F26  
N.M.B., FL 33179

**ARTICLE III – SHARES**

10 SHARES

**ARTICLE IV – INITIAL REGISTERED AGENT**

Marie T. Davis  
1000 N.E. 191 St., F26  
N.M.B., FL 33179

**ARTICLE V – INCORPORATOR**

Marie T. Davis  
1000 N.E. 191 St., F26  
N.M.B., FL 33179

Marie T. Davis  
Incorporator

Date 1/27/20

*Having been named as registered agent and to accept service of process for the above stated corporation at the 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Marie T. Davis  
Registered Agent

Date 1/27/20