

TRANSMITTAL LETTER

P00000037832

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

APR 10 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Southern Floral and Garden Company
(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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Lisa Barnes

Name (Printed or typed)

P.O. Box 2456

Address

Jupiter, Florida 33468

City, State & Zip

(561) 310-1837

Daytime Telephone number

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

PA 4/14/00 ✓

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Southern Floral and garden Company

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 2456
Jupiter, Florida 33468

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Lisa Barnes
322 Laurel Oaks Way
Jupiter, Florida 33458

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Lisa Barnes
P.O. Box 2456
Jupiter, Florida 33468

Lisa Barnes

Signature/Incorporator

April 7, 2000

Date

(An additional article must be added if an effective date is requested.)

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 the 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

Lisa Barnes

Signature/Registered Agent

April 7, 2000

Date

FILED

00 APR 10 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA