

TRANSMITTAL LETTER

P00000096343

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

FILED
OCT 10 PM 2:05
TALLAHASSEE, FLORIDA

SUBJECT: KEY BISCAYNE FLORIST, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003422833--5
-10/12/00--01057--001
*****78.75 *****78.75

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: THOMAS J. O'Brien Jr.
Name (Printed or typed)

200 Ocean Lane Dr. Unit 409
Address

Key Biscayne, Fl., 33149
City, State & Zip

395 361 1366
Daytime Telephone number

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

10-12

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

KEY BISCAYNE FLORIST, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

200 OCEAN LANE DR., UNIT 409
KEY BISCAYNE, FL., 33149

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALE OF FLOWERS AND OTHER FLORAL PRODUCTS BY TELEPHONE,
INTERNET, AND MAIL

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:


THOMAS J. O'BRIEN JR.
200 OCEAN LANE DR., UNIT 409
KEY BISCAYNE, FL., 33149

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

THOMAS J. O'BRIEN JR.
~~XXX~~ 200 OCEAN LANE DR., UNIT 409
KEY BISCAYNE, FL., 33149

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



Signature/Registered Agent

10-10-00

Date



Signature/Incorporator

10-10-00

Date

00 OCT 10 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA