PORTALETED 9943 FILED

00 OCT 23 PM 12: 00

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 SEURETARY OF STATE TALLAHASSEE, FLORIDA

900003435719---5 -10/23/00--01119--009 *****87.50 *****87.50

SUBJECT: POMPANO FLORIST, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an origina	l and one(1) copy of the article	s of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	9943 NU	SEWAR inted or typed) 2nd C	<u>1-</u>

(a54) 475-0429 Daytime Telephone number

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

City, State & Zip

By 10/24/00

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	-11 -5
ARTICLE I NAME	FILED
The name of the corporation shall be:	00 OCT 23 PM I2: 00
POMPAND FLORIST, INC	SEGRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 943 NW ZNA CL- PLANTATION: HORION 33324	,
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	·
Retail flowers	
ARTICLE IV SHARES The number of shares of stock is:	· · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):	
WILLIAM SEWARD 9943 NW ZNO CF PLANTATION, R 33324	
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	
Same as above	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Same as above	
**************************************	********
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in this	
Urelian Seward 10	0-16-00
Signature/Registered Agent Date	•
	0-16-00 0-16-00
Signature/Incorporator / Date	e