

TRANSMIT / I / TER
P00000100236

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

SUBJECT: WESTON FLORIST SHOPPE
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003435972--7
-10/24/00--01007--001
*****87.50 *****87.50

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: WILLIAM SEWARD
Name (Printed or typed)
9943 NW 2nd Ct
Address
PLANTATION, FL 33324
City, State & Zip
(954) 475-0429
Daytime Telephone number

FILED
00 OCT 23 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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:

WESTON FLORIST SHOPPE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9943 NW 2nd COURT
PLANTATION, FL 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:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

WILLIAM SEWARD
9943 NW 2nd Ct
PLANTATION, FL 33324

ARTICLE VI REGISTERED AGENT

By

WILLIAM SEWARD
9943 NW 2nd Ct
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

By

WILLIAM SEWARD
9943 NW 2nd Ct
PLANTATION, FL 33324

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

William Seward

Signature/Registered Agent

10-16-00

Date

William Seward

Signature/Incorporator

10-16-00

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 23 AM 9:38

FILED