300100236 Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 SHOPPE SUBJECT: (PROPOSED CORPORATE N AME - MUST INCLUDE SUFFIX 20000 -001 10/24/00 611 nn *****87.50 ****87.50 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : □ \$70.00 \$78.75 **3** \$78.75 \$\$7.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED JILLIAM EW ALD FROM: Name (Printed or typed) Address 10 OCT 23 AM 9:37 33324 ITATION City, State & Zir FILED Daytime Telephone number

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

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: FLORIST SHOPPE INC. JESTON PRINCIPAL OFFICE <u>ARTICLE II</u> The principal place of business/mailing address is: COURT NIA) 2nd 33324 ITATION, H 00 OCT 23 AM 9: 30 PURPOSE <u>ARTICI</u> The purpose for which the corporation is organized is: -LOWEIS ARTICLE IV SHARES The number of shares of stock is: 100 V INITIAL OFFICERS (DIRECTORS (optional) <u>ARTICLE</u> The name(s) and address(es): SEWARD LIAM DI 2nd 100_ 41. 33324 ANTA TION, <u>APTICLE VI</u> REGISTERED AGENT FRUARD Tb IAr TION, <u>ARTICI</u> Tł EWAR IDN **** 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 eward

<u>10-16-00</u> Date

10-16-00

Signature/Incorporator