

TRANSMITTAL LETTER

P00000107128

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

of South Florida

SUBJECT: Consider the Lilies, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003462011--1
-11/13/00--01141--012
*****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: Magali Rodriguez-Louis
Name (Printed or typed)

1196 Jackpine Street
Address

Wellington, Florida 33414
City, State & Zip

561-793-8721
Daytime Telephone number

Magali
GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name
DATE 11-16-00
DOC. EXAM RV

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

FILED
00 NOV 15 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Consider the Lilies of South Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1196 Jackpine Street
Wellington, Florida 33414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting and coordinating event services

ARTICLE IV SHARES

The number of shares of stock is:

1,000

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:

Cari LaPlace
6211 Grand Cypress Circle
Lake Worth, Florida 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Magali Rodriguez Louis
1196 Jackpine Street
Wellington, Florida 33414

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

Cari LaPlace

Signature/Registered Agent

11-7-00

Date

Magali Rodriguez Louis

Signature/Incorporator

11/7/2000

Date

FILED
NOV 15 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA