

TRANSMITTAL LETTER

P01000038971

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

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-04/13/01--01091--006
*****87.50 *****87.50

SUBJECT: PETAL PUSHERS of SOUTH FLORIDA, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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: JEFFREY SANTA RITA
Name (Printed or typed)

199 NW 9TH ST
Address

BOCA RATON, FL 33432
City, State & Zip

561-417-9476 / 561-417-6120
Daytime Telephone number

FILED
01 APR 13 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Jeffrey Rita GAVE
AUTHORIZATION BY PHONE TO
CORRECT shares
DATE 4-18-01
DOC. EXAM OK

W01-8664

gk 4/17

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: PETAL PUSHERS of South Florida Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 199 N.W. 9TH ST.
BOCA RATON, FL 33432

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: WHOLESALE SALES OF CUT
FLOWERS TO RETAIL FLORISTS IN
THE UNITED STATES.

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): JEFFREY SANTA RITA - PRESIDENT / OWNER
199 N.W. 9TH ST BOCA RATON, FL 33432
JENNIFER WHALEN - CEO
199 N.W. 9TH ST BOCA RATON, FL 33432

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: JEFFREY SANTA RITA
199 N.W. 9TH ST
BOCA RATON, FL 33432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: JEFFREY SANTA RITA
199 N.W. 9TH ST
BOCA RATON, FL 33432

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

Jeff Santa Rita
Signature/Registered Agent

4-11-2001
Date

Jeff Santa Rita
Signature/Incorporator

4-11-2001
Date

FILED
APR 18 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA