

PO1000072431

TRANSMITTAL LETTER

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

FILED
2001 JUL 20 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Subject: Westcoast Wholesale Floral, Inc.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

____ \$ 70.00 Filing Fee

____ \$ 122.50 Filing Fee & Certified Copy
(additional copy required)

☒ \$ 78.75 Filing Fee & Certificate

____ \$ 131.25 Filing Fee, Certified Copy & Certificate
(additional copy required)

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-07/20/01--01068--010
*****78.75 *****78.75

From Michael J. Rose

9642 Leeward Ave

Largo, FL 33773

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

7/21/01

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I : NAME

The name of the corporation shall be: **WESTCOAST WHOLESALE FLORAL, Inc.**

ARTICLE II : PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

9642 Leeward Ave
Largo, FL 33773

ARTICLE III : SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

ARTICLE IV : INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Michael J. Rose
9642 Leeward Ave
Largo, FL 33773

ARTICLE V : INCORPORATOR(S)

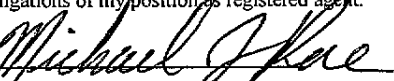
The name and address of the incorporator(s) to these Articles of Incorporation Are:

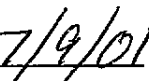
Michael J. Rose
9642 Leeward Ave
Largo, FL 33773


Signature/Incorporator


Date

Having been named as registered agent and to accept service of process for the above corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


Signature Of Registered Agent


Date