

TRANSMITTAL LETTER
P01000078891

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

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-08/09/01--01007--003
*****87.50 *****87.50

SUBJECT: KUHN Flowers Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: LAURA A. PARRISH c/o Kuhn Flowers Inc.
Name (Printed or typed)

9034 ASHMEADE DR.
Address

FAIRFAX, VA 22032
City, State & Zip

(904) 716-7363
Daytime Telephone number

FILED
01 AUG -9 PM 1:11
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:

Kuhn Flowers Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9034 ASHMEADE DR.
FAIRFAX, VA 22032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFIT - FLORIST

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

LAURA A. PARRISH
7142 BEACH BOULEVARD
JACKSONVILLE, FLORIDA 32216

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAURA A. PARRISH
9034 ASHMEADE DR.
FAIRFAX, VA 22032

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

8/7/01
Date


Signature/Incorporator

8/7/01
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA