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CORPORATION NAME(S) & DOCUMENT NUMB  1. COUNTRYSIDE FLOWER  (Corporation Name)  3. (Corporation Name)  4. (Corporation Name)  Walk in Pick up time 2.00  Mail out Will wait Photocopy		FILED  01 OCT 17 PM 12: 01 RECEIVED  SECRETARY OF STATE OF OCT 17 M 10: 23  TALLAHASSEB. FLORIDA SION OF CORPORATION
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### **ARTICLES OF INCORPORATION**

01 OCT 17 PM 12: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

THE UNDERSIGNED INCORPORATOR (S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

## ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE: COUNTRYSIDE FLOWERS INC.

#### **ARTICLE II - PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE: 5730 FLAMINGO ROAD COOPER CITY FL 33330

## ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME: 100 SHARES

# ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS:

JOSE ANTONIO TRUJILLO 5730 FLAMINGO ROAD COOPER CITYFL 33330

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#### ARTICLE V-INCORPORATOR

01 OCT 17 PM 12: 01

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THE SPARTICLES OF, FLORIDA

INCORPORATIONS IS:

JOSE ANTONIO TRUJILLO 5730 FLAMINGO ROAD COOPER CITY FL 33330

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES OF

INCORPORATION THIS 15th DAY OF October 2001.

SIGNATURE

THE NAME (S) AND STREET ADDRESS (ES) OF THE DIRECTOR (S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT/TRESURER: VICE-PRESIDENT/SECRETARY:

JOSE ANTONIO TRUJILLO

**ELEANA TRUJILLO** 

5730 FLAMINGO ROAD COOPER CITY FL 33330

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/ REGISTERED OFFICE

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS A REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE