P01000107506



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

SUBJECT:

UI HOV -7 PH 3: 23

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Enclosed is an origin	al and one(1) copy of the arti	cles of incorporation and a	check for:
•	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status
FROM: ALETO PONCE DE LEON + AURORA ALVAREZ Name (Printed or typed)			
1373 HYDEDARIC DR. Address			
City, State & Zip			
(407) 923-20-11 _ (305) 815-6627 Daytime Telephone number Polytome Telephone number NOTE: Please provide the original and one copy of the articles.			
			OF CORPOR
1	NOTE: Please provide the	e original and one copy o	f the articles. A 5

GRILE JA FLOWERS COR (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

(A)1/1/

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAMEThe name of the corporation shall be: CORP MARILEJA FLOWERS 01 NOV -7 PM 3:23 ARTICLE II PRINCIPAL OFFICE ALLAHASSEE. FLORIDA The principal place of business/mailing address is: 114-4 SEMORAN BLUD WINTER PARK FLA. 32792 ARTICLE III PURPOSE The purpose for which the corporation is organized is: ARTICLE IV SHARES The number of shares of stock is: 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: PONCE DE ZEON 1373 HYDE PARKDR. W. PARK FL 32792 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: AURORA MARIA ALVAREZ 1373 HYDE PARK DR. WINTER PARK FL 32792

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 familidr with and accept the appointment as registered agent and agree to act in this capacity $\frac{11-7-0}{\text{Date}}$ Signature/Registered Agent varia Alwarez

Signature/Incorporator