POLOOOL/783 TRANSMITTAL LETTER

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

SUBJECT:	BLOOMY DESIGNS, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti		00046869318 -11/18/0101028007 *****78.75 *****78.75 lacheck for:
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	ALAN DOMICO Name (Printed or typed)		
	15035 GRANT LANE		O NOV
•	Address HOMESTEAD, FL 33033		OI NOV 19 PM 3: 59 TALLAHASSEE, FLORID
	City, State & Zip 305-854-9875		TATE ORIDA
•	Daytime 1	Telephone number	· · · · · · · · · · · · · · · · · · ·

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

ex 11/26

'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:				
BLOOMY DESIGNS, INC				
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15035 GRANT LANE HOMESTEAD, FL 33033				
ARTICLE III PURPOSE The purpose for which the corporation is organized is:				
ANY AND ALL LAWFULL BUSINESS .				
ARTICLE IV SHARES The number of shares of stock is: 100				
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):				
ALAN DOMICO	OI NOV 19 PM 3: 59 TALLAHASSEE, FLORID			
ARTICLE VI REGISTERED AGENT	E.F.E.			
The name and Florida street address of the registered agent is:	ORITATE ORRITATE			
ALAN DOMICO 15035 GRANT LANE HOMESTEAD, FL 33033	₹ .			
ARTICLE VII INCORPORATOR				
The name and address of the Incorporator is: ALAN DOMICO				
15035 GRANT LANE				
HOMESTEAD, FL 33033				

certificate, I am familiar with and accept the appointment as registered agent and agree to act in	this capacity			
Signature/Registered Agent/Incorporator	N-16-2001			
Signature/Registered Agent Incorporator	Date			