

P01000119076

TRANSMITTAL LETTER

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

SUBJECT: FLOWERS BY ROXENNE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100004728011--9
-12/17/01-01099-003
*****87.50 *****87.50

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

\$70.00 \$78.75
Filing Fee Filing Fee
& Certificate of Status

\$78.75 \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: ERVIN HUDDSON
Name (Printed or typed)

5245 NW 96th AVE
Address

SUNRISE FL. 33351
City, State & Zip

954-581-4844
Daytime Telephone number

01 DEC 17 PM 3:28
FILED
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:

FLOWERS By ROXENNE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3501 WEST BROWARD BLVD
FORT LAUDERDALE, FL. 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLORAL ARRANGEMENT & DECORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

ROXENNE MCINTOSH - 2471 NW 63rd AVE, SUNRISE FL. 33313 - PRESIDENT
BEVERLY WHYTE - 2471 NW 63rd AVE, SUNRISE FL. 33313 - DIRECTOR
ANTHONY MCINTOSH - 2471 NW 63rd AVE, SUNRISE FL. 33313 - DIRECTOR

ARTICLE VI REGISTERED AGENT

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

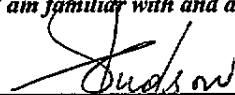
ERVIN HUDSON
5245 NW 96th AVE
SUNRISE FL. 33351

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

ROXENNE MCINTOSH -
2471 NW 63rd AVE
SUNRISE FL. 33313

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

12/9/01
Date



Signature/Incorporator

12/9/01
Date

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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