Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

B M FLOWER CONNECTION, INC.

Certificate of Status	0
Certified Copy	1
Page Count	103 (4
Estimated Charge	\$78.75

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SECRETARY OF STATE
ANASSET OF ORIDA

B. McKnigh* DEC 2 8 2001

ARTICLES OF INCORPORATION OF

B M FLOWER CONNECTION. INC

The undersigned incorporator (s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be: B M FLOWER CONNECTION, INC.

The principal place of business of this corporation shall be:

6109 NW 72nd Ave MIAMI, FL 33166

ARTICLE II NATURE OF DUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is:

100 SHARES @ \$10.00 PAR VALUE

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name (s) and street address (es) of the initial officer (s) and director (s), if any, who shall hold office the first year of the corporation's existence or until their successor (s) is (are) elected, is (are):

BAHIGE M. KHARFAN 8854 NW 187th ST MIAMI, FL 33157 PRESIDENT

50% OWNERSHIP

6109 NW 72nd Ave MIAMI, FL 33166 VICE-PRESIDENT 50% OWNERSHIP

SILVIA M. LOZANO

ARTICLE VI INCORPORATOR (S)

The name (s) and street address (es) of the incorporator (s) to this articles of incorporation is (are):

SILVIA M. LOZANO 6109 NW 72nd AVE MIAMI, FL 33166

in Witness Where OF, the undersigned incorporator (s) has (have) executed these Articles of incorporation this ____27th ___day of _DECEMBER 1 __ 1, 2001

Signature (s) of Incorporator (s)

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CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

The name of the corporation:	2 S
B M FLOWER CONNECTION	N, INC
2. The name and address of the registered ag	cent and office is:
(P.O. BOX NOT ACCEPTABLE) 6109 NW 72nd AVE, MIAMI, FL 33166	
•	11:00
\$	SIGNATURE STIME FENERS
Ţ	TITLE VICE-PRESIDENT / AGENT
r.	DATE 12/27/01
HAVING BEEN NAMED TO ACCEPT SERVI STATED CORPORATION, AT THE PLACE D I HEREBY AGREE TO ACT IN THIS CAPA COMPLY WHIT THE PROVISIONS OF AI PROPER AND COMPLETE PERFORMANCE DUTIES AND OBLIGATIONS OF SECTION 60	DESIGNATED IN THIS CERTIFICATE ACTY, AND I FURTHER ACREE TO LL STATUTES RELATIVE TO THE
. ε	SIGNATURE Silvia favero
	DATE12/27/01