

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H020001122314)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0381

From:

Account Name : BERRIZ & GIRALDO P.A.

Account Number : 119990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

FLORIDA PROFIT CORPORATION OR P.A.

BRENDA'S SPRING FLORIST AND GIFTS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	(05)
Estimated Charge	\$78.75

02 APR 29 PM 3: 08



OF

BRENDA'S SPRING FLORIST AND GIFTS, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

Brenda's spring florist and gifts, inc..

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) Transact any and all lawful business.
- (2) Said corporation shall further have powers: To have perpetual succession by its corporate

name:

BRENDA'S SPRING FLORIST AND GIFTS, INC.

YOHIMA DEL CORRAL 4080 SW 84 AV MIAMI, FL 33155 305-4859300 Ho2 000 112 2314

02 APR 29 PM 3: 08

Hoz 000 1122314

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$ 10.00 Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

BRENDA LEE BRUNSON 1827 S. UNIVERSITY DR. PLANTATION, FL.33324

The principal office shall be:

1627 S. UNIVERSITY DR. PLANTATION, FL.33324

Ho2000/122314

Ho2 000 112231 4

ARTICLE VI

The initial Board of Directors shall consist of a total of TWO(2) persons, and the name and address of the persons who are to serve as initial directors are:

BRENDA LEE BRUNSON 4780 SW 12 CT. PLANTATION, FL. 33317

PRESIDENT

DAVID H. BRUNSON 4780 SW 12 CT. PLANTATION, FL. 33317

VICEPRESIDENT

The name and address of the incorporator executing these Articles of incorporation is:

BRENDA LEE BRUNSON 1627 S. UNIVERSITY DR. PLANTATION, FL 33324

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this 22 day of APRIL, 2002

RENDA LEE BRUNSON

.

Ho2 000 112231 4

Ho2 000 1122314

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Sub mits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

BRENDA'S SPRING FLORIST AND GIFTS, INC.

2. The Name and Address of the registered agent and office is

BRENDA LEE BRUNSON 1827 S. UNIVERSITY DR. PLANTATION, FL.33324 02 APR 29 PM 3: 08 SECH JAKETAR STALL JALLAHASSI E FLOKIO

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

SIGNATURE

Jated: APRII 22 2002

H02000 1122314