

TRANSMITTAL LETTER

P020000 S2441

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

SUBJECT: ASpecial Touch Flowers and Gifts, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM:

Richard K. Benton Jr.  
Name (Printed or typed)

4815 Deerrunn Dr  
Address

Tallahassee FL 32303  
City, State & Zip

(850) 224-6364  
Daytime Telephone number

000005506220-2  
-05/13/02-01044-030  
\*\*\*\*128.75 \*\*\*\*\*78.75

RECEIVED

02 MAY 13 AM 11:21

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 13 AM 11:35

APPROVED  
AND  
FILED

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

g's/13

# 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:

A Special Touch Flowers and Gifts, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1815-S Thomasville Rd  
Tallahassee FL 32303

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Florist

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Madeline K. Abbott 251 Chinkapin Ln - President  
Tall FL 32310  
VP-Richard Benton > 4815 Deerrunn Dr. Vice President  
VP-Beanie Benton Tall FL 32303

## ARTICLE VI REGISTERED AGENT

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

Madeline K. Abbott  
251 Chinkapin Lane Tallahassee FL 32310

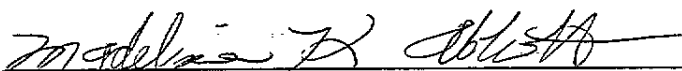
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

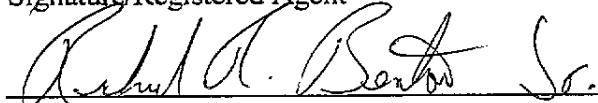
Richard Benton  
4815 Deerrunn Dr. Tallahassee FL 32303

\*\*\*\*\*

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

Date

  
Signature/Incorporator

Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 MAY 13 AM 11:35

APPROVED  
AND  
FILED

5-13-02

5/13/02