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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

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02 MAY 21 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.
XTREME FLOWERS INC.

Certificate of Status	0
Certified Copy	1
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ARTICLES OF INCORPORATION
OF
XTREME FLOWERS 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: XTREME FLOWERS INC.

The principal place of business of this corporation shall be: 5020 NW 190th Street, Miami, Fl 33055.

ARTICLE II NATURE OF BUSINESS

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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 @ \$1.00 par value.

ARTICLE IV TERM OF EXISTENCE

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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):

Raul Ruiz
5020 NW 190th Street
Miami, Fl 33055- 50 shares

Gabriela Marin 50 shares
1093 W. 42nd Pl
Hialeah, Fl 33012.

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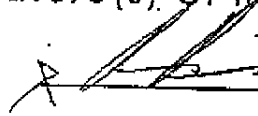
ARTICLE VI INCORPORATOR(S)

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

RAUL RUIZ
5020 NW 190th Street .
Miami, Fl 33055.

IN WITNESS WHEREOF, the undersigned incorporator(s)
has (have) executed these Articles of Incorporation
this, 20th day of May, 2002.

Signature(s) of Incorporator(s)



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.

1. The name of the corporation:

XTREME FLOWERS INC.

2. The name and address of the registered agent and office is:

RAUL RUIZ

5020 N.W. 190 Street

(P.O. BOX NOT ACCEPTABLE)

MIAMI, FL 33055.

(CITY/STATE/ZIP)

SIGNATURE 

TITLE _____

DATE 5/20/02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE 

DATE 5/20/02