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Transmittal Letter

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02 SEP 23 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

SUBJECT: Gulfside Florist and Gifts, Inc.  
(Proposed Corporate Name-Must Include Suffix)

Enclosed are 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

From: Sylke Muroff  
  
10885 103 Ave N  
  
Largo, FL 33778  
  
727 397-1710

600007937726--7  
-09/23/02--01013--011  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

Make checks payable to: Florida Department of State

9-25-02  
[Signature]

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE 1: NAME

The name of the corporation shall be: Gulfside Florist and Gifts, Inc.

### ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

641 Mandalay Blvd.  
Clearwater Beach, FL 33767

### ARTICLE III: SHARES

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

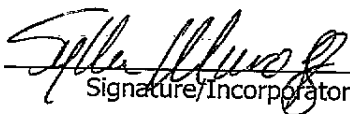
1000 shares

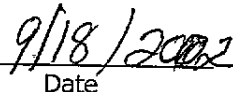
### ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS:

Sylke Muroff  
10885 103 Ave N.  
Largo, FL 33778

### ARTICLE V: INCORPORATOR(S)

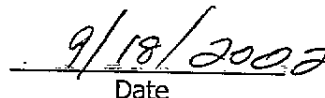
Sylke Muroff  
10885 103 Ave N  
Largo, FL 33778

  
Signature/Incorporator

  
Date

Having been named as registered agent and to accept service of process for the above 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, and I am familiar with and accept the obligations of my position as registered agent.

  
Signature of Registered Agent

  
Date