

PO20000127401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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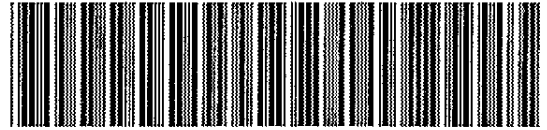
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02 NOV 27 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
409 - E Gaines ST
Tallahassee, FL 32399
Attn: CLARETHA GOLDEN
NEW FILING DEPT.

SUBJECT: ACREAGE FLORIST INC

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

<u>X</u> \$70.00	<u> </u> \$78.75	<u> </u> \$78.75	<u> </u> \$87.50	<u> </u> \$35.00
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certified of Status	Filing Fee, Articles of Amendment

ADDITIONAL COPY REQUIRED

FROM: ROBERT A. KIESLING
4793 N. CONGRESS AVE, SUITE 206
BOYNTON BEACH, FLORIDA 33426
(561) 432-2036

*** PLEASE MAIL BACK TO: ROBERT A. KIESLING
4793 N. CONGRESS AVE # 206
BOYNTON BEACH, FL 33426

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

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:

ACREAGE FLORIST INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

18312 ORANGE GROVE BLVD

LOXAHATCHEE, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FLORIST

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

PRESIDENT- JENNIFER INFATOLINO

18312 ORANGE GOVE BLVD

LOXAHATCHEE, FL 33470

VICE PRESIDENT - DAVID FANARO

18312 ORANGE GOVE BLVD

LOXAHATCHEE, FL 33470

ARTICLE VI REGISTERED AGENT

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

Robert A. Kiesling

4793 N. Congress Ave # 206

Boynton Beach, Fl 33426

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JENNIFER INFATOLINO

18312 ORANGE GOVE BLVD

LOXAHATCHEE, FL 33470

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TALLAHASSEE, FLORIDA


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 the accept the appointment as registered agent and agree to act in this capacity



Signature Registered Agent



Date



Signature Incorporator



Date