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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
Coopiel Instructions to I	Filing Officer			
Special Instructions to I	riling Officer:	ļ		

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: MO	ONTICELLO FLORIST AND O		UDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	I a check for:		
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM:	MICHAEL E. CORLEY	·		i var var en er v vijet om læger	
	Name (Printed or typed) 230 NORTH JEFFERSON STREET Address				
	MONTICELLO, FL 32344		<u> </u>	··································	
	850/997-4342		makes Al-Fa ⁻	i i i i i i i i i i i i i i i i i i i	
•	Daytime To	elephone number			

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:

MONTICELLO FLORIST AND GIFTS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

230 NORTH JEFFERSON STREET MONTICELLO, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

RETAIL SALES AND OTHER BUSINESS VENTURES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

MICHAEL E. CORLEY 230 NORTH JEFFERSON STREET MONTICELLO, FL 32344

ARTICLE VI REGISTERED AGENT

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

MICHAEL E. CORLEY 230 NORTH JEFFERSON STREET MONTICELLO, FL 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL E. CORLEY 230 NORTH JEFFERSON STREET MONTICELLO, FL 32344

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

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
Date	Date
Da	