P03000113017

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	



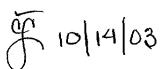
700023208627

09/22/03--01019--013 **78.75

2003 OCT 10 AM 8: 10

Office Use Only

2545 W03-27603





FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State PILEL)

TALLAHASSEE FLORIDA

September 25, 2003

KAREN PENA 344 WINGED FOOT ROAD PALM SPRINGS, FL 33461

SUBJECT: THE FLOWER'S STORE, INC.

Ref. Number: W03000027603

We have received your document for THE FLOWER'S STORE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 603A00052929

OSCOTIO MILIOT

October 06, 2003

344 Winged Foot Road Palm Springs, Fl. 33461

Florida Dept. of State Division of Corporations PO Box 1300 Tallahassee, Fl. 32302

Re: G M Flowers

Enclosed please find corrected Corporation, pages 1 thru 3.

Also, enclosing a copy of your letter.

Thanking you in advance for your cooperation in this matter.

Sincerely,

Encls.

2003 OCT 10 AM 8: 10

TALLAHASSEE FLORIDA

September 17, 2003

Fame Bassa Barras

2003 OCT 10 AM 8: 10

TALLAHASSEE FLORIDA

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

Re: The Flower's Store, Inc.

Gentlemen"

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very Truly yours,

Karen Pena

The Flower's Store, Inc.

Mailing Address of Corporation:

344 Winged Foot Rd. Palm Springs, Fl. 33461

A	ARTICLES OF INC	<i>ZORPORATIO</i> N	1	-	
	of				
,	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	G M Fl	owers,	Inc.
	(name of cor	poration)			
The undersigned acting as the incorporation for some following articles of the following artic		under the Florida B	usiness Corp	oration A	ct, adopt(s
	ARTICLE I - CORF	ORATE NAME			
The name of the corporation is:					
XXXXX	. MXWAXXXXXXWXX	G M Flowers,	Inc. \geq	ريد	and the latest and th
			P.	9	1 2
	ARTICLE II - E	OURATION	HASSE	110	
This corporation shall exist perpetuall	y unless dissolved acco	rding to Florida law		AH 8:	
	ARTICLE III -	PURPOSE	Ţ	話る	
The corporation is organized for the p					
The corporation is organized for the printed States and the State of Florida.	urpose or engaging in a	ny activities of busi	ness permin	ea unaer t	ne laws of
	ARTICLE IV - CAI				
TTI.					
The corporation is authorized to issue	100_shares of c	ommon stock, par v	alue \$ _10_	00	per sha
	RTICLE V - INITIAL P.				
The street address of the initial princip	oal office and, if differen	nt, the mailing addre	SS 1S:		· · · · · ·
STREET ADDRESS					ri.
244 Winned Back Dd					
344 Winged Foot Rd.	·	FLORIDA		ZIP 3	7461
Mailing address, if different	عامل من من	LORIDA	· · · · · · · · · · · · · · · · · · ·		3461
STREET ADDRESS	1 1	<u></u>	·- ·- ·- ·- ·		
	<u> </u>	* * * * * * * * * * * * * * * * * * *		 	
				· · · · · · · · · · · · · · · · · · ·	
CITY	<u> </u>	FLORIDA	·	ZIP	
ARTICLE VI	I - INITIAL REGISTE	RED OFFICE AN	D AGENT		
The street address of the initial regi	istered office and the	name of the initial	registered	agent at i	the office
NAME			. •		
ADDRESS Raren Pen	na	<u> </u>	<u> </u>	-	
344 Winge	d Foot Rd	ET ODYS :			<u> </u>
CITY Palm Spri	200	FLORIDA		ZIP 33	3461

NAME	Victor Pens		<u> </u>
ADDRESS			
CITY	Palm Springs	STATE F1.	ZIP 33461
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY	-	STATE	ZIP
NAME		• • • • • • • • • • • • • • • • • • •	
NAME ADDRESS	Victor Pena 344 Winged Foot Rd.	- ·	
NAME		- ·	ZIP33461
NAME ADDRESS	344 Winged Foot Rd. Palm Springs		
NAME ADDRESS CITY	344 Winged Foot Rd. Palm Springs	STATE F1.	
NAME ADDRESS CITY NAME	344 Winged Foot Rd. Palm Springs Karen Pena	STATE F1.	
NAME ADDRESS CITY NAME ADDRESS	344 Winged Foot Rd. Palm Springs Karen Pena 344 Winged Foot Rd.	STATE F1.	ZIP33461
NAME ADDRESS CITY NAME ADDRESS CITY	344 Winged Foot Rd. Palm Springs Karen Pena 344 Winged Foot Rd.	STATE F1.	ZIP33461

__ (Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

2003 OCT 10 AM 8: 10
TALLAHASSEE FLORIDA

	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
	(name of corporation)
	·
Pursuant to Flori	da Statutes Sections 48.091 and 607.0501, the following is submitted:
_	ration, organized under the laws of the State of Florida with its registered office
	e Articles of Incorporation
	344 Winged Foot Rd.
	Palm Springs, Fl. 33461
has named	Karen Pena
located at the afo	resaid address, as its registered agent to accept service of process within this
state.	
Having been nan	ned as registered agent and to accept service of process for the above stated
-	e place designated in this certificate, I hereby accept the appointment as regis-
	gree to act in this capacity. I further agree to comply with the provisions of all
	to the proper and complete performance of my duties, and I am familiar with
and accept the or	oligations of my position as registered agent.
21	/1
Thomas	1/
7. (00/2	(Signature) -9/17/03