

P04000009859

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(City/State/Zip/Phone #)

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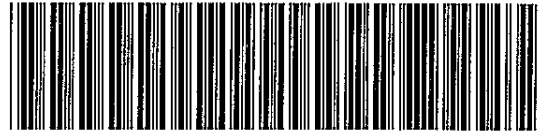
(Business Entity Name)

(Document Number)

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12/01/03--01028--023 **87.50

FILED
04 JAN 12 PM 4:29
SEC. OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: BROKEN PETAL, 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

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: DARRELL D. BELL

Name (Printed or typed)

2019 WILLIAM AVENUE

Address

SANFORD, FL 32771

City, State & Zip

412.716.6360

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 6, 2003

DARRELL D. BELL
2019 WILLIAM AVE
SANFORD, FL 32771

SUBJECT: BROKEN PETAL, INC.
Ref. Number: W03000036912

We have received your document for BROKEN PETAL, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date may be added to the Articles of Incorporation **if a 2004 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 303A00065705

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:
BROKEN PETAL, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
2019 WILLIAM AVENUE
SANFORD, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE NON-TANGIBLE SERVICES IN THE CAPACITY OF LANDSCAPING, CARPET CLEANING,
FLOOR RESTORATION, ETC. - A COMPLETE CARE CORPORATION.

ARTICLE IV SHARES

The number of shares of stock is:
5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
DARRELL D. BELL, CHIEF EXECUTIVE OFFICER
2019 WILLIAM AVENUE
SANFORD, FL 32771

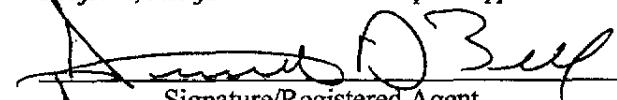
ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:
DARRELL D. BELL
2019 WILLIAM AVENUE
SANFORD, FL 32771

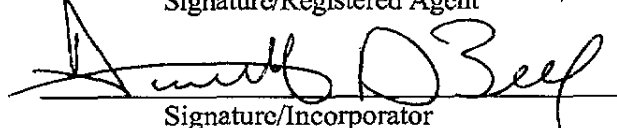
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
DARRELL D. BELL
2019 WILLIAM AVENUE
SANFORD, FL 32771

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



Signature/Registered Agent



Signature/Incorporator

FILED

04 JAN 12 PM 4: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/24/03

Date

11/24/03

Date