

P040000 62069

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

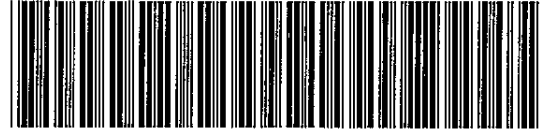
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900030210619

U4/13/04--01059--011 **78.75

js

FILED
04 APR 13 AM 10:05
RECEIVED
04 APR 13 AM 11:20
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. A TIME FOR FLOWERS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

FILED
04 APR 13 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned Incorporator(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I – NAME

The name of the corporation shall be:

Legal Name: A Time For Flowers, Inc.

ARTICLE II - PRINCIPAL OFFICE

The address where the corporation's principal place of business will be located is:

16910 SW 39th Ct.
Miramar, FL. 33027
COUNTY OF BROWARD

Mailing Address:

16910 SW 39th Ct.
Miramar, FL. 33027

ARTICLE III - SHARES

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

100 (One Hundred) at \$1.00 PAR VALUE

ARTICLE IV – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Max Bonilla
16910 SW 39th Ct.
Miramar, FL. 33029

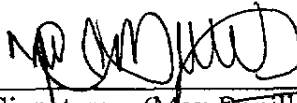
FILED
04 APR 13 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V – INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Max Bonilla
16910 SW 39th Ct.
Miramar, FL. 33027

The undersigned incorporator has executed these Articles of Incorporation this 8th day of April, 2004.



Signature – (Max Bonilla)

ARTICLE VI – DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of Incorporation is(are):

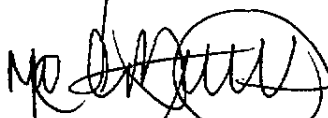
Max Bonilla, PRESIDENT
16910 SW 39th Ct.
Miramar, FL. 33027

Laura Bonilla, VICE-PRESIDENT
16910 SW 39th Ct.
Miramar, FL. 33027

FILED
04 APR 13 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.



Registered Agent Signature