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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
04 MAY -5 AM 8:25
TALLAHASSEE, FLORIDA

FLORIDA PROFIT CORPORATION OR P.A.

LAND OF FLOWERS INC.

Certificate of Status	0
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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 5, 2004

FAS-T

SUBJECT: LAND OF FLOWERS INC.
REF: W04000017263

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list the corporation's principal office and/or a mailing address in the document.

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.

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Becky McKnight
Document Specialist
New Filings Section

FAX Aud. #: H04000097746
Letter Number: 404A00030665

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE OF INCORPORATION

OF

LAND OF FLOWERS INC.

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

ARTICLE I NAME

The name of the corporation shall be: LAND OF FLOWERS INC.

The principal place of business of this corporation shall be:

1043 CR 540-A
LAKE LAND, FL 33183

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$10.00 = \$1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

MERCY ELJO

DIRECTOR

6002 Christina Dr. East
Lakeland, FL 33813

ARTICLE VI INCORPORATOR(S)

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

MERCY ELJO

PRESIDENT, SECRETARY & TREASURER

6002 Christina Dr. East
Lakeland, FL 33813

100 shares

The undersigned has(have) executed these Article of Incorporation this Third day of May, 2004.

+ Mercy Eljo
Signature/Title

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:_____

LAND OF FLOWERS INC.

2. The name and address of the registered agent and office_____

is MERCY ELLIO
(Name)

6002 Christina Dr. East
(P. O. BOX NOT ACCEPTABLE)

Lakeland, Florida 33813
(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

Mercy Elio

DATE _____