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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

28.146

## TRANSMITTAL LETTER

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

SUBJECT: FLOWERS AND GIFTS BY ELENA, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: KEVIN M. LYNCH FLORIDA DOCUMENT CENTERS  
Name (Printed or typed)

8647-6 LITTLE RD

Address

NEW PORT RICHEY FL 34654

City, State & Zip

727-848-9069

Daytime Telephone 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:

FLOWERS AND GIFTS BY ELENA, INC.

## **ARTICLE II**      **PRINCIPAL OFFICE**

The principal place of business/mailling address is:

8729 STATE ROAD 52  
HUDSON FL 34667

## **ARTICLE III**      **PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

## **ARTICLE IV**      **SHARES**

The number of shares of stock is:

100

## **ARTICLE V**      **INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

ELENA WILLIAMS  
11711 SALMON DR  
PORT RICHEY FL 34668  
PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER/DIRECTOR

## **ARTICLE VI**      **REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

ELENA WILLIAMS  
11711 SALMON DR  
PORT RICHEY FL 34668

## **ARTICLE VII**      **INCORPORATOR**

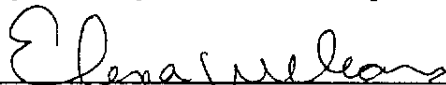
The name and address of the Incorporator is:

KEVIN M. LYNCH  
8647-6 LITTLE RD  
NEW PORT RICHEY FL 34654

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

11-24-04

Date



Signature/Incorporator

11/24/04

Date