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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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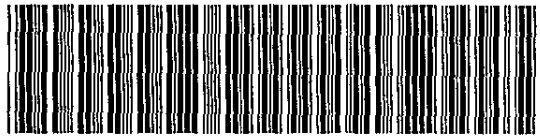
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/17/04  
21

## TRANSMITTAL LETTER

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

**SUBJECT:** EIGHT DEGREES FLORAL DESIGN STUDIO, 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:** RODNEY JAY VER PLOEG

Name (Printed or typed)

2879 SOUTH CONWAY ROAD, SUITE 149

Address

ORLANDO, FLORIDA 32812

City, State & Zip

407-493-5414

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:

EIGHT DEGREES FLORAL DESIGN STUDIO, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:  
4620 SOUTH CONWAY ROAD, ORLANDO, FLORIDA 32812

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
FOR PROFIT- RETAIL FLORIST

## ARTICLE IV SHARES

The number of shares of stock is:  
1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):  
RODNEY JAY VER PLOEG, PRESIDENT

## ARTICLE VI REGISTERED AGENT

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

RODNEY JAY VER PLOEG  
2879 SOUTH CONWAY ROAD, SUITE 149  
ORLANDO, FLORIDA, 32812

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:  
RODNEY JAY VER PLOEG, 2879 SOUTH CONWAY ROAD, SUITE 149, ORLANDO, FL. 32812

\*\*\*\*\*

*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

NOVEMBER 20, 2004

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

NOVEMBER 20, 2004

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA