

05 JAN 31 AM 8:38

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000025022 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1575

FLORIDA PROFIT CORPORATION OR P.A.

MCBLOOMS GARDEN THERAPY USA, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

AR 2/1

Jan 27 05 03:04p McBLOOMS GARDEN THERAPY

416 232 9112

H305000025022 3
DIVISION OF STATE REGISTRATION

05 JAN 31 AM 8:39

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:

MGBLOOMS GARDEN THERAPY USA, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17046 Porta Vecchio Way
Unit 202
Naples, Florida 34110**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To transact any and all lawful business for which corporations may be incorporated under the Florida Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is:

200 shares of common stock at no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Wendy Scott - Director/President/Secretary/Treasurer
32 Kingway Crescent
Toronto, Ontario
Canada M8X 2R3**ARTICLE VI REGISTERED AGENT**

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

Wendy Scott
17046 Porta Vecchio Way
Unit 202
Naples, Florida 34110**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Susanna S. Piller, Esq.
One Cumberland Avenue
Plattsburgh, NY 12901*****
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

Date

Date

H305000025022 3