Poso00/36673

(Req	uestor's Name)	
(Add	ress)	 -
(Add	ress)	
(City/	State/Zip/Phon	e #)
PICK-UP	TIAW	MAIL
(Busi	ness Entity Nar	me)
(Doct	iment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	ROSE DE LE (PROPOSED CORPORA	EDEN EV	TERPRISE UDE SUFFIX)	Inc
Enclosed are an orig \$70.00 Filing Fee	inal and one (1) copy of the artic \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
	Optimis 6	ADDITIONAL CO		
	ARLENE F Name (5ET_	
-	MIRAMAK City, 954-4	FLORIDA State & Zip 41 - 3132		

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2005

ARLENE ALLISON 16353 SW 29TH ST MIRAMAR, FL 33027

SUBJECT: ROSE OF EDEN ENTERPRISE INC.

Ref. Number: W05000044815

We have received your document for ROSE OF EDEN ENTERPRISE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Letter Number: 305A00059177

Cynthia Blalock Document Specialist New Filings Section

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

••	ייון וייני
ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621. F.S. (Brofit)	FILED
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	05 OCT -6 AM 8: 10
ARTICLE I NAME The name of the corporation shall be:	SECHLIAMY OF STATE
ROSE OF EDEN Enterprises Inc.	TALLAHASSEE. FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is: 16353 SW Z9th Street	
Miranier Florida 33027	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	
Selling Fresh Flowers E Gifts	
ARTICLE IV SHARES	
The number of shares of stock is:	
Twenty(20)	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s): Arlene Allison - Fresdiend	
• • • • • • • • • • • • • • • • • • • •	
Stephen Allison - C.F.O.	
16353 SW 29th St. Miramar FL 330	227
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the register	
16353 SW 29th Street miramar F	
	L 03027
Arlene Allison	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Arlene Allison	
16353 SW 29th Street, Miramar	FL 33027

Having been named as registered agent to accept service of process for the above stated corpor certificate, I am familiar with and accept the appointment as registered agent and agree to act in	ation at the place designated in this this capacity
Del Que Sellevan	9-19-05
Signature/Registered Agent	Date

Signature/Incorporator

 $\frac{9-19-05}{\text{Date}}$