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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

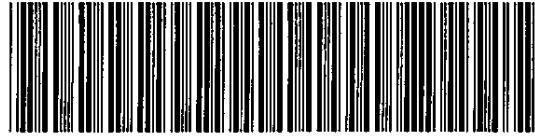
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*fo*

## COVER LETTER

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

SUBJECT: DELECTABLE GOURMET GIFTS AND FRUIT BOUQUETS 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: STEPHANIE GALARDO

Name (Printed or typed)

1901 WEST BAY DR.

Address

LARGO FL 33770

City, State & Zip

727-507-9255

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:

DELECTABLE GOURMET GIFTS AND FRUIT BOUQUETS INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1901 WEST BAY DR. LARGO FL 33770

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

GIFTS AND FRUIT BOUQUETS PRESENTATION.

## **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):

STEPHANIE GALARDO      PRESIDENT  
1901 WEST BAY DR.  
LARGO FL 33770

## **ARTICLE VI REGISTERED AGENT**

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

GARY J HOLCK  
1961 ARVIS CIRCLE E  
CLEARWATER FL 33764

## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

STEPHANIE GALARDO  
1901 WEST BAY DR.  
LARGO FL 33770


\*\*\*\*\*

*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

10/10/06

\_\_\_\_\_  
Date

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

10/10/06

\_\_\_\_\_  
Date

FILED  
06 OCT 16 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA