

P08000008510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

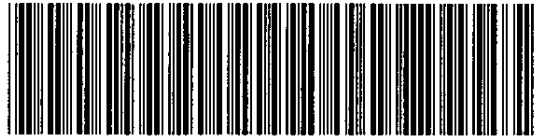
(Document Number)

Certified Copies _____

Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CG 1-24

COVER LETTER

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

SUBJECT: Keep Sake Flowers, 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: Debra Crain
Name (Printed or typed)

9145 SW 156 Court
Address

Miami, FL 33196
City, State & Zip

305-385-9920
Daytime Telephone number

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

January 10, 2008

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attn: Carolyn Lewis

The letter is to verify that I, _____, am 100% owner of Keep Sake Flowers, LLC
Florida Document Number L06000023524, FEI Number 83-0452865. I am applying to
open a corporation and will be 100% owner of this corporation as well. Attached is my
Articles of Incorporation. If you have any questions, please feel to contact me at (305)
385-9920.

Sincerely,


Debra Crain

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

Keep Sake Flowers, Inc.

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TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9145 Sw 156 Court Miami, FL 33196

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):

Debra Crain

9145 SW 156 ST

Miami, FL 33196

President

ARTICLE VI REGISTERED AGENT

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

Debra Crain
9145 SW 156 ST
Miami, FL 33196

ARTICLE VII INCORPORATOR

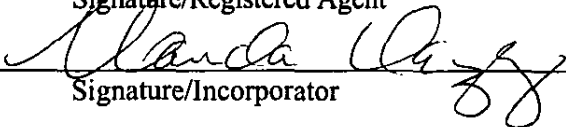
The name and address of the Incorporator is:

The Simon Crain Group CPA's
8925 SW 148 Street.
Miami, FL 33176

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

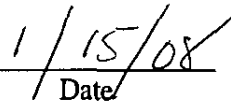


Signature/Incorporator

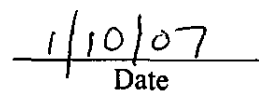
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Date



Date