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(Requestor's Name)				
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	· MAIL		
(Business Entity Name)				
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(Document Number)				
Certified Copies	Certificates	s of Status		
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Special Instructions to Filing Officer:				
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JECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Fio	ri Flowers & Gifts, (PROPOSED CORPORA	INC. By Heath	er
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	inal and one (1) copy of the art	icles 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
		ADDITIONAL CO	Status PPY REQUIRED
FROM:	The Paper Ch	ase, INC (Printed or typed)	
3756 S. Springbreeze Way			
	Homosassa, F	Audioss	
	352 62	.8-7114	
	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:

Fiori Flowers & Gifts, INC. By Heather

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2 141 W. Norvell Bryant Hwy Lecanto, FL 34461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any legal business in The State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares @ \$1.00 ea.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Barbara StrickLand 24 N Monroe Street

Beverly Hills, FL 34465

President

Heather Knight

24 N Monrae Street

Beverly Hills, FL 34465

V- President

Robert Strickland

24 N. Monroe Street

Beverly Hills, FL. 34465

sec.

08 MAR 17 PM 3: 37

ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Karen A. Krick 3766 S. Springbreeze Way Homosassa, FL 34448			
ARTICLE VII INCORPORATOR			
The <u>name and address</u> of the Incorporator is:			
Karen A. Krick			
Karen A. Krick 3756 S. Springbreeze Way			
Homosasca FL 34448			
**************	************		
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			
Karon a. Kruck	<u> 3 10 08</u>		
Signature/Registered Agent	Date		
Haren a. Krick	3/10/08		
∠Signature/Incorporator	Date		

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