# P080000035873

; (	Requestor's Name)			
(Address)				
(Address)				
(	City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
. (	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
	,			

Office Use Only



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J. BRYAN

APR - 8 2008

**EXAMINER** 

# **COVER LETTER**

Division of C				
SUBJECT: Alwa	ys An Occasio			
	(Name of Resulting	ng Florida Profit Cor	poration)	
		•	ration, and fees are submi orporation" in accordance	
Please return all corn	espondence concerning	g this matter to:		
Debra Phela	n			
,	(Contact Person)			4
Always An Occasion Florist, Inc.			OB AFR7 AM 10: 35	
(Firm/Company)			1 84	
249 Nokomis		, <u>-</u>		RP OR P
	(Address)			J. 3.
Venice, FI 34	285			של יינט
(	City, State and Zip Code)			
For further informati	on concerning this ma	tter, please call:		
Debra Phela	n	_at (_941	809-3277	
(Name of Co	ntact Person)		and Daytime Telephone Numb	er)
Enclosed is a check	for the following amou	ınt:		
\$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	\$113.75 Filing and Certified Copy		s,
STREET ADDRES	S:	MAILI	NG ADDRESS:	
Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 323	er Circle	Division P. O. Bo	ntion Section n of Corporations ox 6327 ssee, FL 32314	

# **Certificate of Conversion**

For

# "Other Business Entity"

Into

# Florida Profit Corporation



This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Always An Occasion #G98091000136				
(Enter Name of Other Business Entity)				
2. The "Other Business Entity" is a Sole Proprietorship				
(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)				
first organized, formed or incorporated under the laws of Florida				
(Enter state, or if a non-U.S. entity, the name of the country)				
on_ July 30, 1998 04/01/1998				
(Enter date "Other Business Entity" was first organized, formed or incorporated)				
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under th laws of which it is now organized, formed or incorporated:				
4. The name of the Florida Profit Corporation as set forth in the <u>attached Articles of</u> <u>Incorporation:</u>				
Always An Occasion Florist Inc				
(Enter Name of Florida Profit Corporation)				

(The effective date: document is filed b	1) cannot be prior y the Florida Depart	ter the effective date:  to nor more than 90 days after to the timent of State; AND 2) must be to the color of the color o	the same as the	
Signed this 8th	_ <sub>day of</sub> March	, 20_08	<u>}                                    </u>	
Signature: X Luka A. P. L. (Must be signed by a Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator.)				
Printed Name: De	bra Phelan	Title: President		
			SECHETARY OF OF APPR -1	

# Fees:

Certificate of Conversion: \$35.00 Fees for Florida Articles of Incorporation: \$70.00

Certified Copy: \$8.75 (Optional)
Certificate of Status: \$8.75 (Optional)

# 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:

# Always An Occasion Florist Inc

# ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

249 Nokomis Ave South Venice, FI 34285

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Corporation for Profit

# ARTICLE IV SHARES

The number of shares of stock is: 100

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# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Debra Phelan, 275 Grove Road, Venice Florida 34293 President

Philip Phelan, 275 Grove Road, Venice Florida 34293 Vice President

### ARTICLE VI REGISTERED AGENT

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

David Cozzette, EA 3910 Golf Park Loop Suite 5, Bradenton FI 34203

# ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

David Cozzette, EA 3910 Golf Park Loop Suite 5 Bradenton, FL 34203

Having been named as registered agent to accept service of proce	ss for the above stated corporation at the place
designated in this certificate, I am familiar with and accept the appoint	ntment as registered agent and agree to act in this
capacity	•
$\sum CQ/$	2/25/2

Signature/Registered Agent

Signature/Incorporator

Date

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FILED