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COVER LETTER

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

SUBJECT:	The Fantastic Orchid, Inc.				
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	l 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 CO	OPY REQUIRED		
FROM:		le Bottom e (Printed or typed)			
***************************************		/press Lake Ct.	***		
	St. Augus	stine, FL 32086			
	City,	State & Zip			
	904	-797-4360			
	Daytime 7	Celephone number			
<u> </u>		@bellsouth.net	-		
	E-mail address: (to be used for future annual report notification)				

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)

FILED

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SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Fantastic Orchid, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6916 Cypress Lake Ct.
St. Augustine, FL 32086

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of orchid photographs, orchid prints, orchid videos, specialty products imprinted with orchids, and other products depicting orchids

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):

Terry Bottom, 6916 Cypress Lake Ct., St. Augustine FI, 32086, President Wolfgang Obst, 16 Llach Ct., Palm Coast, FL 32164, Vice-President Sue Bottom, 6916 Cypress Lake Ct., St. Augustine, FL 32086, Treasurer and Secretary

ARTICLE VI REGISTERED AGENT

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

Sue Bottom, 6916 Cypress Lake Ct., St. Augustine, FL 32086

ARTICLE VII INCORPORATOR

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

Sue Bottom, 6916 Cypress Lake Ct., St. Augustine, FL 32086

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

SUE BOTTOM

9.21-09

Date

9-21-09

Date