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COVER LETTER

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

SUBJECT:		Floriland Concepts, Inc.		
	(PROPOSED CORPOR	ATÉ NAME – <u>MUST INCI</u>	LUDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:	
\$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM:	Bonnie S Nam	6. Boeren e (Printed or typed)		
	14919 Gla	asgow Ct. Address	<u></u>	
	Tampa, FL 33624 City, State & Zip			
	813-714-9316 Daytime Telephone number			

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



APPHOVED FILED

ARTICLES OF INCORPORATION

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

09 OCT 19 PM 1: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Floriland Concepts, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14919 Glasgow Ct., Tampa, FL 33624 P.O. BOX 342099, Tampa FL 33694-2099

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of the corporation is to conduct any lawful purpose or purposes.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bonnie S. Boeren - 14919 Glasgow Ct., Tampa, FL 33624 - President Michael R. Boeren - 14919 Glasgow Ct., Tampa, FL 33624 - VP

ARTICLE VI REGISTERED AGENT

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

Corporation Service Company 1201 Hays Street, Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Bonnie S. Boeren - 14919 Glasgow Ct., Tampa, FL 33624

Michael R. Boeren- 14919 Glasgow Ct., Tampa, FL 33624

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

amont W\Jones, Assistant VP

Signature/Registered Agent

e & Boeren

/0 -/6-09 Date

10-16-09