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| PICK-UP | ☐ WAIT | MAIL | | |
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| Certified Copies | Certificates | of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

| SUBJECT: The Plant Lady, 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 & Certificate of Status | \$78.75 Filing Fee & Certified Copy Certificate of Status ADDITIONAL COPY REQUIRED | | | |
| .04 | | | | |
| FROM: Marion Griffis Name (Printed or typed) | | | | |
| 3451 Spring Glen Rd. | | | | |
| Jax FL 32207 City, State & Zip | | | | |
| 904)887-600-7 | elephone number | | | |
| The Planthady 2 @ Comcast. Net E-mail address: (to be used for future annual report notification) | | | | |

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



RECEIVED 11 FEB TO AMIO: 48

FLORIDA DEPARTMENT OF STATE SECRETARY UN STATE TALLAHASSEE. FLORIDA Division of Corporations

February 2, 2011

MARION GRIFFIS 3451 SPRING GLEN RD JACKSONVILLE, FL 32207

SUBJECT: THE PLANT LADY, INC. Ref. Number: W11000006485

We have received your document for THE PLANT LADY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith Regulatory Specialist II New Filing Section

Letter Number: 811A00002846

www.sunbiz.org

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

| ARTICLE I NA The name of the corpora | ME ation shall be: The Pla | nta Lawn | Lady INC. |
|--|--|---------------------------------|--|
| • | INCIPAL OFFICE | | · |
| 3 ⁴ | Principal street address 151 Spring Glen P acksonyille 32207 | <u> </u> | ddress, if different is: |
| ARTICLE III PUR | RPOSE | | |
| The purpose for which | the corporation is organized is: Grait y to owne | rowth of Busi r, | ness and |
| The number of shares of | 100 - | | |
| | TIAL OFFICERS AND/OR DIREC | | |
| Address: | | A 1 1 | |
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| | | | G T |
| Name and Title: Address: | | | |
| Audress: | | Address: | |
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| Address: _ | | Address: | |
| _ | | | , i.e. |
| | | | |
| | <u>DISTERED AGENT</u> | | |
| The <u>name and Florida</u> : Name: Address: | street address (P.O. Box NOT acceptable Marion P. Griffi 3451 Spring Gla Jacksonville Ph. | 5 | |
| ARTICLE VII INC | ORPORATOR | | |
| The <u>name and address</u> Name: Address: | of the Incorporator is: Marion P. Griffis 3451 Spring Glen 1 Jax Fr 322 | - 2d. 27. | |
| this certificate, I am fan | registered agent to accept service of pr niliar with and accept the appointment as | | |
| - Mai | on P. Arigbio | | 1-28-11 |
| I submit this document document to the Departs | Required Signature/Registered Agent and affirm that the facts stated herein ment of State constitutes a third degree f | a are true. I am aware that the | false information submitted in a 5, F.S. |
| Mari | Required Signature/Incorporator | | 1-28-11 |
| | wedning of Pharmics Mean horston | | Date |