

P 11 0000 21944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

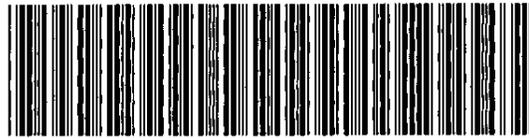
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Certificates of Status

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
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2011 MAR - 7 PM 1: 27
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NOT INCLUDED
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SUFFICIENCY OF FILING
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/7

COVER LETTER

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

SUBJECT: A and J's Wholesales, Inc
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: Quinton Blocker
Name (Printed or typed)

777 Miccosukee Rd
Address

Tallahassee FL 32308
City, State & Zip

850 509-2305
Daytime Telephone number

qblocker@Comcast.net
E-mail address: (to be used for future annual report notification)

11 MAR -7 PM 2:40
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: A and J's Wholesales Group Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2773 Glover Rd Tallahassee, FL 32305

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SELL Fresh Cut Flowers to Local Flower Shop.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Quinton Blocker - President Name and Title: Address: 2773 Glover Rd Address: Tallahassee, FL 32305

Name and Title: Henry Blocker - Treasurer Name and Title: Address: P.O. Box 6209 Address: Tallahassee, FL 32314

Name and Title: Address: Name and Title: Address:

ARTICLE VI REGISTERED AGENT

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

Name: Quinton R. Blocker Address: 2773 Glover Rd Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Henry L. Blocker Address: 2773 Glover Rd Tallahassee, FL 32305

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 of Registered Agent: Quinton Blocker Required Signature/Registered Agent

Date: 03-7-2011 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Incorporator: Henry L. Blocker Required Signature/Incorporator

Date: 3/7/11 Date

FILED 11 MAR - 7 PM 10:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA