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| (Re | equestor's Name) | | | |
|---|--------------------|-----------|--|--|
| (Ac | ldress) | | | |
| (Address) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| 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: MIAMI SPECIAL WEDDING FLOWERS INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an original and one (1) copy of the artic | cles of incorporation and a check for: |
|--|--|
| \$70.00 \$78.75 Filing Fee & Certificate of Status | \$78.75 \$87.50 Filing Fee, & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: CLARA DUARTE VELOZ Name | (Printed or typed) |
| 6220 N.W. 173 ST. APT | 7. # 721 Address |
| MIAMI, FL. 33015 City, | State & Zip |
| 786 44 Daytime To | elephone number Olive.com/ |
| E-mail address: (to be used | d 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)

NAME

| ARTICLE I The name of the cor | NAME MIAMI SPECIAL Wirporation shall be: | EDDINGS FLOWERS IN | NC. |
|--|--|---|---|
| 5 | PRINCIPAL OFFICE Principal street address 951 N.W. 151 ST. UNIT 32 UAMI LAKES, FL. 33014 | | Idress, if different is: |
| ARTICLE III The purpose for wh SELL FLOWE AND EVENTS | nich the corporation is organized is: ERS- BOUQUETS- WEDDINGS- E | BIRTHDAY PARTIES | |
| | es of stock is: 100 @ 1.00 PER SHAR | | |
| | INITIAL OFFICERS AND/OR DIRECT | | |
| Address: | 6220 N.W. 173 ST APT. # 721 | Address: | |
| | MIAMI, FL 33015 | | |
| | | | |
| Name and Tit | tle: | Name and Title: | <u> </u> |
| Address: | | Address: | |
| | | | |
| Name and Ti | tle: | | |
| Address: | | Address: | |
| | | | |
| | | | ** |
| ARTICLE VI | REGISTERED AGENT | | 26 = |
| The name and Flor | rida street address (P.O. Box NOT acceptable | e) of the registered agent is: | APR APR |
| Name: | CLARA DUARTE VELOZ | | |
| Address: | 6220 N.W. 173 ST. APT # 721 MIAMI, FL. 33015 | | ARY 22 |
| | MIAMIL FL 35015 | | 19 P B |
| ARTICLE VII | INCORPORATOR | | 3.00 |
| The <u>name and add</u> | ress of the Incorporator is: | | OPIAN D |
| Name: | CLARA DUARTE VELOZ | | 9 |
| Address: | 6280 N.W. 173 ST. APT # 721 MIAMI FL. 33015 | | |
| Having been name this certificate, I an | ed as registered agent to accept service of pro n familiar with and accept the appointment as | ocess for the above stated corporers registered agent and agree to a | oration at the place designated in ct in this capacity |
| (La | ro leate Vilos | | 03/27/2011 |
| | Required Signature/Registered Agent | · | Date |
| I submit this docu document to the De | ment and affirm that the facts stated herein epartment of State constitutes a third degree f | are true. I am aware that the elony as provided for in s.817.15 | 55, F.S. |
| Mu | a sury veres | | 03/27/2011 |
| | Required Signature/Incorporator | • • | Date |