

P 11000046382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

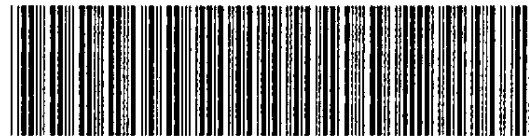
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2011 MAY 13 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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2800h MAY 16 2011

## COVER LETTER

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

**SUBJECT: PUCK AND BLOSSOM, 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  
☒ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: Puck & Blossom ,Inc

Name (Printed or typed)

P.O. Box 403763

Address

Miami Beach, FLORIDA 33140

City, State & Zip

305-582-6007

Daytime Telephone number

jcjmc12@gmail.com

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)

**ARTICLE I NAME**

The name of the corporation shall be: PUCK AND BLOSSOM, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
85 NW 71st #106  
Miami FL 33150

Mailing address, if different is:  
P.O. Box 403763  
Miami Beach FL 33140

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
Design, sales and distribution of US made contemporary furniture and furniture fixtures.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Janet M Callahan, Pres & Treasurer  
Address: P.O. Box 8  
Palmer MA 01069

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Karen Scheinberg, VP & Secretary  
Address: 295 North Shore Drive  
Miami Beach FL 33141

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Gayle Zalduondo  
Address: 430 West 37th Street  
Miami Beach FL 33140

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

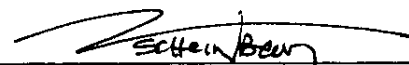
Name: Karen Scheinberg  
Address: 295 North Shore Blvd  
Miami Beach FL 33141

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janet M Callahan  
Address: P.O. Box 8  
Palmer MA 01069

*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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

5/9/11  
\_\_\_\_\_  
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.*

 JANET M CALLAHAN  
\_\_\_\_\_  
Required Signature/Incorporator

5/9/11  
\_\_\_\_\_  
Date

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MAY 13 PM 4:51  
SECRETARY OF STATE  
PALM BEACH, FLORIDA