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2011 DEC 19 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2011

COVER LETTER

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

SUBJECT: Country Club Flowers, 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

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Michelle Wroge

Name (Printed or typed)

820 W. Lake Mary Blvd Suite 101

Address

Sanford, FL 32773

City, State & Zip

407-328-9899

Daytime Telephone number

countryclubflowers@yahoo.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

Country Club Flowers, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
820 W. Lake Mary Blvd Suite 101
Sanford, FL 32773

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Florist

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Wrogeman, P S T
Address: 820 W. Lake Mary Blvd Suite 101
Sanford, FL 32773

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Michelle Wrogeman
Address: 820 W. Lake Mary Blvd Suite 101
Sanford, FL 32773

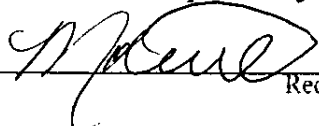
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Wrogeman
Address: 820 W. Lake Mary Blvd Suite 101
Sanford, FL 32773

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

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.


Required Signature/Incorporator/Registered Agent

12/13/11
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA