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	(Requestor's Name)	
	(Address)	,
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	(City/State/Zip/Phone	· #)
PICK-UF	P WAIT	MAIL.
	(Business Entity Nam	ne)
	(Document Number)	
Certified Copies	Certificates	of Status
Special Instructions	to Filing Officer:	

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SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: A DELTONA FLOWER PLACE, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	ginal and one (1) copy of the ar	ticles 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
		I ADDITIONAL CO	NOV DEALIDEN

ROM:	LINDA J. WILSON
	Name (Printed or typed)
	POST OFFICE BOX 390447
	Address
Į	DELTONA, FLORIDA 32739
_	City, State & Zip
4	407-920-4496
-	Daytime Telephone number
<u>1</u>	flowerplace1@aol.com E-mail address: (to be used for future annual report notification)

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



January 23, 2013

LINDA WILSON PO BOX 390447 DELTONA, FL 32739

SUBJECT: A FLOWER PLACE, INC.

Ref. Number: W13000004409

We have received your document for A FLOWER PLACE, INC. and your check(s) totaling \$70.00. 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.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Justin M Shivers Regulatory Specialist II New Filing Section

Letter Number: 013A00001690

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

ARTICLE II PRINCIPAL OFFICE Principal street address			Mailing address, if	different i	s:	
2820 DOYL	E ROAD	POST OFFICE BOX 390447			147	
SUITE 5		DELTONA, FLORIDA		32	32739	
DELTONA,	FLORIDA 32738					
ARTICLE III PUR	POSE TO SELL FL the corporation is organized is:	OWERS GIFTS	AND OTHER ITE	EMS TO 1	THE P	UBLIC
The purpose for which	the corporation is organized is:					
·				N SE	끖	
					M	
					<u> </u>	=
		·				
					- 6	
	•				2	
ARTICLE IV SH. The number of shares of	ARES stock is: 10			•		
The number of shares of ARTICLE V INI	ARES Stock is: 10 TIAL OFFICERS AND/OR DIRECTOR E: LINDA J. WILSON		M			
The number of shares of ARTICLE V INI	stock is: TU TIAL OFFICERS AND/OR DIRECTOR:		N			
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	Name and Title		-		
ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR e: LINDA J. WILSON PRESIDENT, SEC, TRES	Name and Title				
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS ELINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447	Name and Title Address:				
ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTORS LINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447 DELTONA, FLORIDA 32739	Name and Title Address: Name and Title				
ARTICLE V INI Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTORS ELINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447 DELTONA, FLORIDA 32739	Name and Title Address: Name and Title				
ARTICLE V INI Name and Title Name and Title	TIAL OFFICERS AND/OR DIRECTORS ELINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447 DELTONA, FLORIDA 32739	Name and Title Address: Name and Title				
ARTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS ELINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447 DELTONA, FLORIDA 32739	Name and Title Address: Name and Title Address:				
ARTICLE V INI Name and Title Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTORS ELINDA J. WILSON PRESIDENT, SEC, TRES POST OFFICE BOX 390447 DELTONA, FLORIDA 32739	Name and Title Address: Name and Title Address:				

Name	and Title:	Name and Title:
Addre	ess	Address:
ARTICLE VI	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	LINDA J. WILSON	TALL SEC
Address:	255 DIXON LAKE ROAD	JAN 31 CRETAG LAHAS
Addiess.	OSTEEN, FLORIDA 32764	H31 PH
ARTICLE VI The name and Name:	A INCORPORATOR Address of the Incorporator is: LINDA J. WILSON	PM 4: 07
Address:	POST OFFICE BOX 390447	
	DELTONA, FLORIDA 32739	· -
	amed as registered agent to accept service of process I am familiar with and accept the appointment as reg	for the above stated corporation at the place designated in eistered agent and agree to act in this capacity
\mathcal{L}	indi In	01-29-13
19	Required Signature/Registered Agent	Date
	ocument and affirm that the facts stated herein are to Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a y as provided for in s.817.155, F.S.
7.		01-29-13
1	Required Signature/Incorporator	Date
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