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TALLAHASSEE, FLORIDA

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W13-4409  
2774





FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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 I NAME**

The name of the corporation shall be: A DELTONA FLOWER PLACE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2820 DOYLE ROAD  
SUITE 5  
DELTONA, FLORIDA 32738

Mailing address, if different is:

POST OFFICE BOX 390447  
DELTONA, FLORIDA 32739

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: TO SELL FLOWERS GIFTS AND OTHER ITEMS TO THE PUBLIC

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLE IV SHARES 10**

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: LINDA J. WILSON Name and Title: \_\_\_\_\_  
Address: PRESIDENT, SEC, TRES Address: \_\_\_\_\_  
POST OFFICE BOX 390447  
DELTONA, FLORIDA 32739

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: LINDA J. WILSON  
 Address: 255 DIXON LAKE ROAD  
OSTEEN, FLORIDA 32764


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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LINDA J. WILSON  
 Address: POST OFFICE BOX 390447  
DELTONA, FLORIDA 32739

*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

01-29-13  
 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.*

  
 Required Signature/Incorporator

01-29-13  
 Date