

ABD000084(d)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

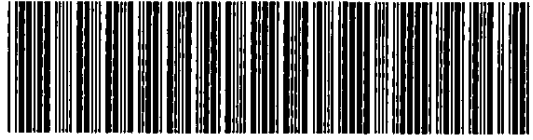
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: The flower studio Altamonte 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: Sergio M. Santos
Name (Printed or typed)

620 Cranes way # 307
Address

Altamonte Springs - FL - 32701
City, State & Zip

321. 436. 7363
Daytime Telephone number

theflowerstudioaltamonte@hotmail.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: The flower studio Altamonte Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

580 Palm Springs Dr
Altamonte Springs
FL- 32701

620 Cranes way #307
Altamonte Springs
FL- 32701

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to produce, market and sell fresh flower arrangements, including everyday, holidays and weddings.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sergio M. Santos - President Name and Title: _____

Address 620 Cranes way Address: _____

#307
Altamonte Spg - FL-32701

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

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: Sergio M. Santos
 Address: 620 Cranes Way # 307
Altamonte Spg - FL - 32701

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sergio M. Santos
 Address: 620 Cranes Way # 307
Altamonte Spg - FL - 32701

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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

[Signature]
 Required Signature/Registered Agent

10.08.13
 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.

[Signature]
 Required Signature/Incorporator

10.08.13
 Date