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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

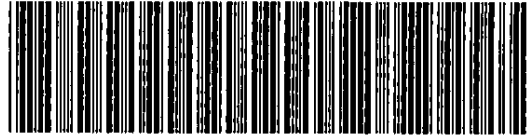
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(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

580 Palm Springs Dr  
Altamonte Springs  
FL- 32701

Mailing address, if different is:

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

(conti.)

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*

  
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.*

  
Required Signature/Incorporator

10.08.13

Date