P14000024448

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305)599-0839
Fax Number : (305)592-9591

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION

FLOWERS BY NELSON, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	$78.75

Electronic Filing Menu Corporate Filing Menu Help

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: FLOWERS BY NELSON, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

1228 SW 4 ST APT 5
MIAMI, FL 33135

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: FLOWER SALES

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: NELSON T. MENDOZA, PRES.
Address 1228 SW 4 ST APT 5
MIAMI, FL 33135

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

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TALLAHASSEE FLORIDA

(cont'd.)

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: NELSON T. MENDOZA

Address: 1228 SW 4 ST APT 5

MIAMI, FL 33135

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NELSON T. MENDOZA

Address: 1228 SW 4 ST APT 5

MIAMI, FL 33135

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

Nelson Mendoza
Required Signature/Registered Agent

03/17/14
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.

Nelson Mendoza
Required Signature/Incorporator

03/17/14
Date

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