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	Division of Corporations		
	Fax Number : (850) 617-6381		770
From:			S. C.
	Account Name : LAZARUS CORPORATE E	FILING SERVICE, INC.	$\sim$
	Account Number: I20000000019		L
	Phone : (305)552-5973		-0
	Fax Number : (305)220-1440		ΞĔ
			<b>F</b> 7

Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

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SHERYL'S FLORAL, INC.

Certificate of Status

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Help 1/25 M

#### ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I - NAME

The name of the corporation shall be:

SHERYL'S Floral, INC.

SECRETARY OF STATE
JIVISION SECRETARY OF STATE
JIVISION SECON STATE
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## ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

12488 SW 85t MIAMI F/ 33184

# ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

# ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

OSCAR Rodriguez 11755 SW 18St \$ 301 MIMMI T/ 33175

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#### <u>ARTICLE V – INCORPORATOR</u>

The name and address of th	e incorporator to these Articles of Incorporation is:
Oscar	ROPRIGUEZ

11755 SW 18 ST #301 Miami, FL 33175

The undersigned incorporator has executed these Articles of Incorporation this 22 day of April 20 14.

## ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

Oscar RODRIGUEZ (P)

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature