1/0005/102

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT .	MAIL		
(Business Entity Name)				
	ocument Number)			
Certified Copies	_ Certificates of s	Status		
Special Instructions to Filing Officer:				
	- 			

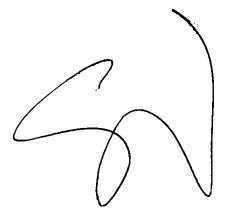
Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 6, 2014

MARIA CRISTINA TOBSON 3001 W SITIOS ST TAMPA, FL 33629

SUBJECT: SILK FLOWERS DECOR AND DESIGN CORPORATION

Ref. Number: W14000035320

We have received your document for SILK FLOWERS DECOR AND DESIGN CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Sylvia Gilbert Regulatory Specialist II New Filing Section

. . .

Letter Number: 614A00012247

RECEIVED 14 JUN 23 PM 12: 27

June 17, 2014

Florida Department of State Division of Corporation ATTN: Sylvia Gilbert Regulatory Specialist II PO Box 6327 Tallahassee, FL 32314

Subject: SILK FLOWERS DÉCOR AND DESIGN CORPORATION

Ref Number: W14000035320 Letter #: 614A00012247

I received the document to sign accepting the designation.

I am returning the corrected document signed, and one copy of my document, along with a copy of the letter.

If you have any questions, please contact me by mail or phone #813-376-8312

Please see my correct last name is TOBON. You have in your records TOBSON.

-Maria Cristina Tobon 3001 W Sitios St

Tampa, Florida 33629

ARTICLES OF INCORPÒRATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

Principal office Principal street address 001 w sitios st		Mailing address, if different is:	
		<u>-</u>	
mpa, fl 3	3629		
PUTCLE III PUTCHER PUT	RPOSE n the corporation is organized is:	usiness of design and decor with silk flowe	
	·	·	
ricle IV si	HARES 400		
TICLE IV SI	HARES of stock is:		
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTO		
TICLE V IN	-		
TICLE V IN	ITIAL OFFICERS AND/OR DIRECTO	RS Name and Title: Owner and president Address:	
TICLE V IN	<u>ITIAL OFFICERS AND/OR DIRECTO</u> tle: Maria cristina tobon	Name and Title: owner and president	
TICLE V IN	maria cristina tobon 3001 w sitios st	Name and Title: owner and president	
TICLE V IN	maria cristina tobon 3001 w sitios st	Name and Title: owner and president	
Name and T Address	maria cristina tobon 3001 w sitios st tampa, fl 33629	Name and Title: owner and president	
Name and T Address	maria cristina tobon 3001 w sitios st tampa, fl 33629	Name and Title: Owner and president Address: Name and Title:	
Name and To Address Name and Total	maria cristina tobon 3001 w sitios st tampa, fl 33629	Name and Title: Owner and president Address: Name and Title: Address:	
Name and Total Address Name and Total Address	maria cristina tobon 3001 w sitios st tampa, fl 33629	Name and Title: Address: Name and Title: Address:	
Name and Total Address Name and Total Address	maria cristina tobon 3001 w sitios st tampa, fl 33629	Name and Title: Owner and president Address: Name and Title: Address:	

		A compa
Name and	Title:	Name and Title:
Address	***	Address:
ADDIOLES III	DECIGERED ACREE	
<i>ARTICLE VI</i> The <u>name and Flo</u>	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) or	of the registered agent is:
Name:	maria cristina tobon	
Address:	3001 w sitios st	_
	tampa, fl 33629	_
		-
ARTICLE VII	INCORPORATOR	
The name and add	<u>lress</u> of the Incorporator is:	
Name:	maria cristina tobon	_
Address:	3001 w sitios st	
	tampa, fl 33629	_
Havina baan nam	ad as vanistavad avant to account varnisa of neares	ss for the above stated corporation at the place designated in
	m familiar with and accept the appointment as re	
Allar	in colole	6-15-14
- 40	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are epartment of State constitutes a third degree felo.	e true. I am aware that the false information submitted in a my as provided for in s.817.155, F.S.
<u>U</u>	ana Mobil	05-29-14
_	Required Signature/Incorporator	Date