

PA000063061

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W14-42772

## COVER LETTER

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

SUBJECT: **Perfect Gift Florist, 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

*paid*

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: **Shirley R. Brown**

Name (Printed or typed)

**6550 North Atlantic Avenue**

Address

**Cape Canaveral, Florida 32920**

City, State & Zip

**321-799-4438**

Daytime Telephone number

**snelsonbrown@aol.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:

**Perfect Gift Florist, Inc.**

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

**6550 North Atlantic Avenue**  
**Cape Canaveral, FL 32920**

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

**floral retail, gift baskets, plants, misc.**

**ARTICLE IV    SHARES**

The number of shares of stock is:

**100**

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**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **Shirley R. Brown, President**

Name and Title: \_\_\_\_\_

Address **6550 North Atlantic Avenue**  
**Cape Canaveral, FL 32920**

Address: \_\_\_\_\_

Name and Title: **Shirley R. Brown, V.Pres.**

Name and Title: \_\_\_\_\_

Address **6550 North Atlantic Avenue**  
**Cape Canaveral, FL 32920**

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(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: Shirley R. Brown  
Address: 6550 North Atlantic Avenue  
Cape Canaveral, FL 32920

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Shirley R. Brown  
Address: 6550 N. Atlantic Avenue  
Cape Canaveral, FL 32920

*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*

Shirley R. Brown  
Required Signature/Registered Agent

7/21/14

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.*

Shirley R. Brown  
Required Signature/Incorporator

7/21/14

Date

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