

PA 000006614

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

8/1/04

COVER LETTER

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

SUBJECT: ALE FLORAL VENTURES, 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: RHC Accounting & Tax Service, Inc
Name (Printed or typed)

9600 W Sample Rd Ste 201
Address

Coral Springs, FL 33065
City, State & Zip

954-510-1588
Daytime Telephone number

askbob47@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: ALE Floral Ventures, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

15271-15 McGregor Blvd

Ft Myers, FL 33908

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: a retail and wholesale flower shop

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elaine Stefanacci

Address: 15271-15 McGregor Blvd
Ft Myers, FL 33908

Name and Title: Louis J. Stefanacci

Address: 15271-15 McGregor Blvd
Ft Myers, FL 33908

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

14 AUG - 4 AM 11 29
SECRETARY'S OFFICE
TALLAHASSEE, FLORIDA

Name and Title: Louis Stefanacci, Pres

Address 15271-15 MCGREGOR BLVD
Fort Myers, FL 33908

Name and Title: Elaine Stefanacci, Sec

Address: 15271-15 MCGREGOR BLVD
Fort Myers, FL 33908

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Louis J Stefanacci

Address: 15271-15 McGregor Blvd
Ft Myers, FL 33908

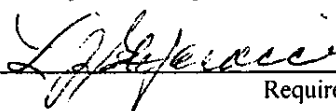
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Louis J Stefanacci

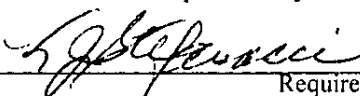
Address: 15271-15 McGregor Blvd
Ft MNyers, FL 33908

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

8-1-14
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.


Required Signature/Incorporator

8-1-14
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STATE
TALLAHASSEE FL 32304