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(Business Entity Name)

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11/17/14--01004--011 **70.00

RECEIVED
14 NOV 17 AM 11:19
DIVISION OF CORPORATION

14 NOV 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: At Last Florals, 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: Kristi Sanders
Name (Printed or typed)
51 Yellow Jacket Drive
Address
Sopchoppy, Florida 32358
City, State & Zip
(850)519-2305
Daytime Telephone number
jessica@raglovercpa.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: At Last Florals, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE FLORIDA

51 Yellow Jacket Drive
Sopchoppy, Florida 32358

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide florals and rental services.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristi Sanders, President Name and Title: _____

Address: 51 Yellow Jacket Drive Address: _____
Sopchoppy, Florida _____
32358 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVED
AND
FILED (cont.)

14 NOV 17 AM 11:27

Name and Title: _____ Name and Title: _____
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Kristi Sanders
Address: 51 Yellow Jacket Drive
Tallahassee, Florida 32358

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

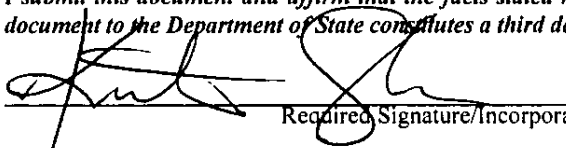
Name: Kristi Sanders
Address: 51 Yellow Jacket Drive
Tallahassee, Florida 32358

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

11.13.14
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

11.13.14
Date