P15000011508

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





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COVER LETTER

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

SUBJECT: Plan	nts & Accessorie	s, Inc.	
		TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 o Status
		ADDITIONAL CO	PY REQUIRED
FROM: P	lants & Accessor	ries, Inc	
49	919 Ingram Stree	et	
		Address	
S	outh Tampa, FL		
	City,	State & Zip	
8	13-784-7013		
-	Daytime T	elephone number	
<u>Ci</u>	ndypowell51@yaho		
	E-mail address: (to be use	d 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 II PRINCIPAL OFFICE Principal street address 4919 Ingram Street South Tampa, FL 33616		Mail	ing address, if different is:	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: as well as selling Accessories.				
			A.C. 5	
			PAR A S	
The number of shares of ARTICLE V INI	stock is: 100 TIAL OFFICERS AND/OR DIRECTOR	_	6 PH 12: 28 SEEE, FLORIDA	
The number of shares of ARTICLE V INI	TIAL OFFICERS AND/OR DIRECTOR	_	6 PH PE: 2 RY OF STATISTICAL STREET, FLORE	
The number of shares of ARTICLE V INI Name and Titl	TIAL OFFICERS AND/OR DIRECTOR	Name and Title:	6 PH 12: 28 RY OF STATE SSEE, FLORIDA	
The number of shares of ARTICLE V INI Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR e: Clayton G. Burns 4919 Ingram Street	Name and Title: Address:	6 PH M: 28 RY OF STATE SSEE, FLORIDA	
Name and Titl Address	TIAL OFFICERS AND/OR DIRECTOR E: Clayton G. Burns 4919 Ingram Street South Tampa, FL 33616	Name and Title: Address: Name and Title: Address:	6 PH 12: 28 RY OF STATE SEEE, FLORIDA	
The number of shares of ARTICLE V INT Name and Titl Address Name and Title Address	TIAL OFFICERS AND/OR DIRECTOR E. Clayton G. Burns 4919 Ingram Street South Tampa, FL 33616	Name and Title: Address: Name and Title: Address:	6 PH M: 28 RY OF STATE SSEE, FLORIDA	

Title:	Name and Title:
	Address:
	Cthe registered agent is:
Cindy Powell-Herzog	rule registered agent is.
904 N. Rome Avenue	_
Tampa, FL 33606	-
INCORPORATOR Tress of the Incorporator is:	
	
	
PO Box 636	-
Oldsmar, FL 34677	
Required Signature/Registered Agent	true. I am aware that the false information submitted in a
	REGISTERED AGENT Drida street address (P.O. Box NOT acceptable) of Cindy Powell-Herzog 904 N. Rome Avenue Tampa, FL 33606 INCORPORATOR dress of the Incorporator is: Carol C. Moya PO Box 636 Oldsmar, FL 34677 ed as registered agent to accept service of process of familiar with and accept the appointment as registered Agent Required Signature/Registered Agent ment and affirm that the facts stated herein are repartment of State constitutes a third degree felon