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COVER LETTER

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

SUBJECT: CORAL FLOWERS 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: TAYMARI DUARTE

Name (Printed or typed)

9086 N.W 117TH TERRACE

Address

HIALEAH GARDENS, FL 33018

City, State & Zip

786-340-5007

Daytime Telephone number

ILINETT@YAHOO.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: CORAL FLOWERS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9086 N.W 17TH TERRACE

HIALEAH GARDENS, FL 33018

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO OPEN A FLOWER SHOP IN THE CAPE CORAL/FORT MYER

AREA TO MAKE IT SIMPLE FOR RESIDENTS AND VISITORS TO EASILY PURCHASE CUSTOM FLOWER ARRAN
MENTS WITH DELIVERY ON THE DAYS THEY DETERMINE FOR THEIR LOVED ONES .

WE PLANTO PROVIDE BEAUTIFUL FLOWERS AS WELL AS EXCELLENT CUSTOMER CARE.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAYMARI DUARTE-PRESIDENT

Name and Title: LINETT IGLESIAS-VICE PRESIDEN

Address 9086 N.W 117TH TERRACE

Address: 2046 N.W 7TH TERRACE

HIALEAH GARDENS

CAPE CORAL

FL, 33018

FL 33993

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: TAYMARI DUARTE

Address: 9086 N.W 117TH TERRACE

HIALEAH GARDENS, FL 33018

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ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANNIEE GIMENEZ

Address: 9591 FONTAINEBLEAU BLVD, 406

MIAMI, FL 33172

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/13/2015

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

7/13/2015

Date