

PK5000061663

Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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Division of Corporations  
Fax Number : (850)617-6381

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
FLEETS FLOWERS CORP**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$78.75 |

15 JUL 23 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H15000179167

**ARTICLE I NAME:** The name of the corporation is:

FLEETS FLOWERS CORP

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11372 SW 7 ST  
Miami FL 33174

**ARTICLE III SHARES:** The number of shares of stock is:

100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EVA HERNANDEZ (P.)

LouRdes D. PAZ CATA (V.P.)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (PO Box not acceptable) of the registered agent

EVA HERNANDEZ  
11372 SW 7 ST  
MIAMI FL 33174

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TALLAHASSEE, FLORIDA

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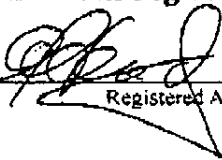
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

EVA HERNANDEZ  
11372 SW 7 ST  
MIAMI FL 33174

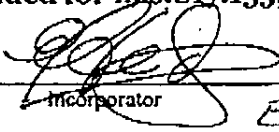
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**Required Signatures:**

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

  
 \_\_\_\_\_ 7-23-15  
 Registered Agent EVA HERNANDEZ 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.

  
 \_\_\_\_\_ 7-23-15  
 Incorporator EVA HERNANDEZ Date

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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