

P/6 000088472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

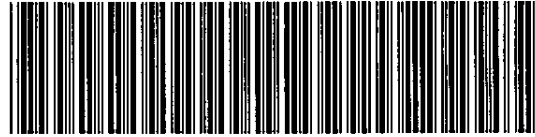
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800291940188

FILING CANCELLED
RETURNED CHECK

STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

16 NOV -4 AM 6:36

APPROVED
11/04/16

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11/04/16--01004---009 **837.50

RECEIVED
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16 NOV -4 PM 1:49

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11/04/16

11/12

COVER LETTER

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

SUBJECT: Artistic 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 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Michelle Lincoln
Name (Printed or typed)
777 Miccosukee Rd
Address
Tallahassee, Florida 32308
City, State & Zip
561-207-0023
Daytime Telephone number
Lyonsgate @ Live.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILING CANCELLED
RETURNED CHECK

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: Artistic Flowers, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

777 Miccosukee Rd
Tallahassee, FL ~~323~~ 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail for profit flower shop.

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Lincoln - President

Address 4234 SW 152nd Ave
Suite #144

Address:

Miami, Florida 33185

Name and Title: ~~##~~

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

**FILING CANCELLED
RETURNED CHECK**

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: Michelle Lincoln

Address: ~~777 Miccosukee Rd~~ 777 Miccosukee Rd
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Lincoln

Address: 777 Miccosukee Rd
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: Nov 1, 2016 (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.

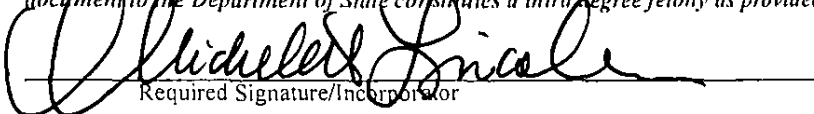
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

Nov 4, 2016
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

Nov 4, 2016
Date