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(Business Entity Name)				
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Certificates	s of Status			
Special Instructions to Filing Officer:				
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EFFECTIVE DATE 01/01/17

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COVER LETTER

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

SUBJECT:	FLOWERS, Inc.		
Sebule 1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles 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 of
		ADDITIONAL CO	PY REQUIRED
FROM:	DY'S FLOWERS, Inc.	e (Printed or typed)	
213	50 SW 212 Ave		
		Address	,
Mia	ami, FL 33187		
	City,	State & Zip	
305	591 5830		
	Daytime 7	elephone number	
info	@laxfloral.com		
	E-mail address: (to be use	d for future annual report r	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)

	JUDY'S FLOWERS, Inc.		
<u>ARTICLE II PRINC</u>	Principal street address	Mailing address, if different is:	
21350 SW 212 Ave		-	
Miami, FL 33187			
ARTICLE III PURPO The purpose for which t	he corporation is organized is:	flowers and other related products	
			71 SEC
			38 208
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			2: -
***			ਹ ਹ
	AL OFFICERS AND/OR DIRECTORS Yudersy Martinez - President		
Address	21350 SW 212 Ave		
	Miami, FL 33187		
Name and Title	:	Name and Title:	
Address		Address:	
		<u> </u>	
Name and Title		Name and Title:	
Address		Address:	
		<u> </u>	

Name an	nd Title:	Name and Title:	
Address		Address:	<u> </u>
	REGISTERED AGENT		
Name:	lorida street address (P.O. Box NO T acce YUDERSY MARTINEZ	eptable) of the registered agent is:	
Address:	21350 SW 212 Ave		
	Miami, FL 33187		N 8.6 6
APTICI E VII	INCORPORATOR		NOV -
	<u> </u>		7 365
The name and a	ddress of the Incorporator is:		
Name:	YUDERSY MARTINEZ		2:
Address:	21350 SW 212 Ave		တ် ြို
	Miami, FL 33187		
Effective date, if	EFFECTIVE DATE: Other than the date of filing: date is listed, the date must be specific alling.)	. (OPTIONAL nd cannot be more than five busine	.) ess days prior or 90 business
	e inserted in this block does not meet the a effective date on the Department of State's		s, this date will not be listed as
\cap			
Having been nar	med as registered agent to accept service of am familiar with and accept the appointm	of process for the above stated corporate as registered agent and gurea to	ration at the place designated in
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		ет из гединетей идет ита идтее то с	ici in inis cupacity
	Required Signature/Registered A	gent	Date
I submit this doc document to the	ument and affirm that the facts stated he Department of State constitutes a third deg	erein are true. I am aware that the f gree felony as provided for in s.817.1.	Calse information submitted in a 55, F.S.
\mathcal{M}	(u if V)		
Regu	irst Signature/Incorporator		Date

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