

Division of Corporations

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P18000082428
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9256

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
FLOWERS & ART DE LA CARAIBE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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TALLAHASSEE, FL

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Corporate Filing Menu

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TX Result Report

P 1
09/28/2018 08:10
Serial No. A61D011009948
TC: 87633

Addressee	Start Time	Time	Prints	Result	Note
18506176381	09-28 08:09	00:00:59	003/003	OK	

Note TMR:Timer TX, POL:Polling, ORG:Original Size Setting, FME:Fax Mode Erase TX, PPS:Page Separation To, BIX:Mixed Original TX, CALL:Manual TX, CSNC:CSNC, FWD:Forward, P:PC-FAX, BDD:Double-Sided Binding Direction, SD:Special Original, ECODE:F-code, RTX:Re-TX, RLY:Relay, MBX:Confidential, BUL:Bulletin, SIP:SIP Fax, IPADR:IP Address Fax, I-FAX:Internet Fax

Result OK: Communication OK, S-OK: Stop Communication, PS-OFF: Power Switch OFF, TEL: AX from TEL, MG: Other Error, CONT: Continue, No Ans: No Answer, Refused: Receipt Refused, Busy: Busy, M-Full:Memory Full, LOUR:Receiving length Over, POUH:Receiving page Over, FIC:File Error, DC:Device Error, RDN:RDN Response Error, DEN:DN Response Error, PRINT:Compulsory Memory Document Print, DEL:Compulsory Memory Document Delete, SEND:Compulsory Memory Document Send.

Hello,
Can I get
an update?

Division of Corporations

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To: Division of Corporations
Fax Number 1 (850) 617-6381

From: Account Name : FLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 073350000353
Phone : (800) 221-2972
Fax Number : (888) 692-9236

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
FLOWERS & ART DE LA CARAIBE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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: Flowers & Art de la Caraibe, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
250 174TH STREET, APT 318

SUNNY ISLES BEACH, FL 33160

Mailing address, if different is:
250 174TH STREET, APT 318

SUNNY ISLES BEACH, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful act or activity for
which corporations may be organized.

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SABRINA MERCERON / PRES.

Address 250 174TH STREET, APT 318

SUNNY ISLES BEACH, FL 33160

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FL

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: SABRINA MERCERON
Address: 250 174TH STREET, APT 318
SUNNY ISLES BEACH, FL 33160

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SABRINA MERCERON
Address: 250 174TH STREET, APT 318
SUNNY ISLES BEACH, FL 33160

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

Sabrina Merceron
Required Signature/Registered Agent

9/24/18
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.

Sabrina Merceron
Required Signature/Incorporator

9/25/18
Date