

P19000020355

(Requestor's Name)

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(City/State/Zip/Phone #)

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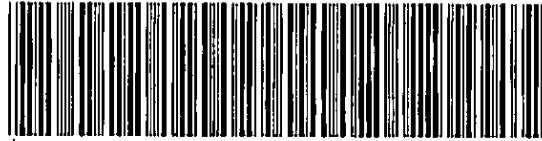
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 MAR -4 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 12 2019

K Brumpley

COVER LETTER

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

SUBJECT: MSTY ROSE FLORIST CO., 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: MISTY ROSE FLORISY CO., INC

Name (Printed or typed)

792 SW GROVE ST, SUITE 105

Address

PORT ST LUCIE, FL 34983

City, State & Zip

772-340-0062

Daytime Telephone number

sax4u2@bellsouth.net

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: MISTY ROSE FLORIST CO, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
792 SW GROVE ST, SUITE 105

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: selling of cut and live flowers and any other legal activities.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MALGORZATA KISSEL, PRESIDENT

Address 792 SW GROVE ST, SUITE 105
PORT ST LUCIE, FL 34983

Name and Title: WILLIAM KISSEL

Address: 792 SW GROVE ST, SUITE 105
PORT ST LUCIE, FL 34983

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: WILLIAM KISSEL

Address: 792 SW GROVE ST, SUITE 105

PORT ST LUCIE, FL 34983

ARTICLE VII INCORPORATOR

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

Name: WILLIAM KISSEL

Address: 792 SW GROVE ST, SUITE 105

PORT ST LUCIE, FL 3483

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 days prior or 90 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

William Kissel
Required Signature/Registered Agent

1/20/14
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.

William Kissel
Required Signature/Incorporator

1/20/14
Date