

P23000025972

Florida Department of the
Treasurer's Office
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.

((H23000128829 3)))



H230001288293ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : KCO SERVICES, LLC
Account Number : I20200000018
Phone : (954)744-6605
Fax Number : (833)648-2730

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

Email Address: gonzalo@blumendorf.us

FLORIDA PROFIT/NON PROFIT CORPORATION BLUMENDORF FLOWERS CORP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 APR -6 PM 10:35
TALLAHASSEE, FL
STATE

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AS

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

ARTICLE I NAMEThe name of the corporation shall be: BLUMENDORF FLOWERS CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address4302 HOLLYWOOD BLVD # 120HOLLYWOOD, FL 33021

Mailing address, if different is:

4302 HOLLYWOOD BLVD # 120HOLLYWOOD, FL 33021**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Gonzalo Espinosa-PresidenteAddress 4302 HOLLYWOOD BLVD # 120
HOLLYWOOD, FL 33021Name and Title: Daniel Espinosa, Vice PresidenteAddress: 4302 HOLLYWOOD BLVD # 120
HOLLYWOOD, FL 33021

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

FILED
2023 APR -6 PM 10:35
CLERK OF STATE
TALLAHASSEE, FL

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

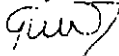
ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: KCO SERVICES LLCAddress: 3655 NW 115TH AVE STE 7DORAL, FL 33178ARTICLE VII INCORPORATORThe name and address of the incorporator is:Name: Gonzalo EspinosaAddress: 4302 HOLLYWOOD BLVD # 120HOLLYWOOD, FL 33021

FILED
 2023 APR -6 PM 10:35
 DEPARTMENT OF STATE
 TALLAHASSEE, FL

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*_____
Required Signature/Registered Agent04/04/2023_____
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/Incorporator04/04/2023_____
Date