

**CAPITAL CONNECTION, INC.**

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME \_\_\_\_\_  
FIRM \_\_\_\_\_  
ADDRESS \_\_\_\_\_

PHONE ( ) \_\_\_\_\_

Service: Top Priority \_\_\_\_\_ Regular \_\_\_\_\_  
One Day Service Two Day Service

To us via \_\_\_\_\_ Return via \_\_\_\_\_

Matter No.: \_\_\_\_\_ Express Mail No. \_\_\_\_\_

State Fee \$ \_\_\_\_\_ Our \$ \_\_\_\_\_

295A 00000430

JAN 5 1995 BSB

REQUEST TAKEN CONFIRMED APPROVED

DATE \_\_\_\_\_

TIME \_\_\_\_\_ CK No. \_\_\_\_\_

BY ARK \_\_\_\_\_WALK-IN  
Will Pick Up 1-5 1.00RE: Florida Perennials, Inc.

C.C. FEE.

DISBURSED

☐ Art. of Amend. File  
☐ Art. of In. File  
☐ Corp. Record Search  
☐ L.P. Partnership C  
☐ Foreign Corp. File  
☒ ( ) Cert. Copy(s)☐ Art. of Amend. File  
☐ Dissolution/Withdrawal  
☒ C U S - 95  
☐ Fictitious Name File☐ Name Reservation  
☐ Annual Report/Reinstatement  
☐ Reg. Agent Service  
☐ Document Filing☐ Corporate Kit  
☐ Vehicle Search  
☐ Driving Record  
☐ Document Retrieval☐ UCC 1 or 3 File  
☐ UCC 11 Search  
☐ UCC 11 Retrieval  
☐ File No.'s, \_\_\_\_\_ Copies  
☐ Courier Service \_\_\_\_\_  
☐ Shipping/Handling  
☐ Phone ( ) \_\_\_\_\_  
☐ Top Priority \_\_\_\_\_  
☐ Express Mail Prep. \_\_\_\_\_  
☐ FAX ( ) \_\_\_\_\_ pgs.

SUBTOTALS \_\_\_\_\_

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
.....	\$ _____

Please remit invoice number with payment  
TERMS: NET 10 DAYS FROM INVOICE DATE  
1 1/2% per month on Past Due Amounts  
Past 30 Days, 18% per AnnumTHANK YOU  
from  
Your Capital Connection

January 4, 1995

I do intend Florida Perennials to become a Sub S corporation.

*Pamela Crawford*  
Pamela Crawford

UPS

## TRANSMITTAL LETTER

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

SUBJECT: FLORIDA PERENNIALS, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

FROM: PAMELA CRAWFORD  
Name (printed or typed)  
6678 THORNHILL CT.  
Address  
BOCA RATON, FL. 33433  
City, State & Zip  
407-391-0496  
Daytime Telephone number

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

FILED

95 JAN -5 PM 12:05

## ARTICLES OF INCORPORATION

CLERK OF STATE  
TALLAHASSEE, FLORIDA

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be: **FLORIDA PERENNIALS, INC.**

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

**6678 THORNHILL CT.  
BOCA RATON, FL. 33433**

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**10,000**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**PAMELA CRAWFORD  
6678 THORNHILL CT  
BOCA RATON, FL 33433**

**ARTICLE V INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

PAMELA CRAWFORD  
6678 THORNHILL CT.  
BOCA RATON, FL. 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 day of JANUARY, 1994.

Pamela Crawford  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Articles of Incorporation  
Filing Fee - \$35

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: FLORIDA PERENNIALS, INC.

2. The name and address of the registered agent and office is:

PAMELA CRAWFORD  
(Name)

6678 THORNHILL CT.  
(P.O. Box not acceptable)

BOCA RATON, FL. 33433  
(City/State/Zip)

FILED  
05 JAN -5 PM 12:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Pamela Crawford  
(Signature)

1/4/95  
(Date)