

TRANSMITTAL LETTER

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

100001404171  
-02/13/95--01026--001  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Go Direct Incorporated  
(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:

Robert Matson Conyers  
Name (printed or typed)

13908 SW 46 Ter. Apt C  
Address

Miami, Florida 33175  
City, State & Zip

305 - 592 - 8127  
Daytime Telephone number

FILED  
95 MAR -9 PM 4:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 13, 1995

ROBERT MATSON  
13908 S.W. 46TH TERRACE  
APT. C  
MIAMI, FL 33175

SUBJECT: GO DIRECT INCORPORATED  
Ref. Number: W95000003281

We have received your document for GO DIRECT INCORPORATED and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 095A00006280

## ARTICLES OF INCORPORATION

FILED  
95 MAR -9 PM 4:31  
SECRETARY 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:

~~Go Direct Incorporated~~  
Florist Direct Inc.

### ARTICLE II PRINCIPAL OFFICE

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

13908 SW 46 Ter Apt C,  
Miami, Florida 33175

### ARTICLE III SHARES

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

50

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Robert Matson Conyers  
13908 SW 46 Ter. Apt C  
Miami, Florida  
33175

**ARTICLE V INCORPORATOR(S)**

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

Robert Matson Conyers  
13908 SW 46 Ter. Apt C  
Miami, Florida 33175

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

6 day of February, 19 95.

Robert M Conyers  
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: ~~Go Direct Incorporated~~  
Florist Direct Inc.

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

Robert Matson Conyers  
(Name)  
13908 SW 46 Ter. Apt C  
(P.O. Box not acceptable)  
Miami, Florida 33175  
(City/State/Zip)

FILED  
95 MAR -9 PM 4:31  
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.*

Robert M Conyers  
(Signature)

2/6/95  
(Date)

P95000019525

**Florist Direct Inc.**

4462 N.W. 74th Avenue  
Miami, Florida 33166-6443

700001497197  
-05/23/95--01120--002  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in    ☐ Pick up time \_\_\_\_\_    ☐ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input checked="" type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED OF STATE  
SECRETARY OF CORPORATIONS  
95 JUL -3 AM 11:26

Examiner's Initials **JLL**



**FLORIDA DEPARTMENT OF STATE**  
**Sandra B. Mortham**  
Secretary of State

June 6, 1995

**FLORIST DIRECT INC.**  
**4462 N.W. 74TH AVENUE**  
**MIAMI, FL 33166-6443**

**SUBJECT: FLORIST DIRECT INC.**  
**Ref. Number: P95000019525**

We have received your document for FLORIST DIRECT INC. and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You have indicated that you wish to amend article V, this article list the name and address of the incorporator. The incorporator cannot be amended or changed. To add the names and addresses of the officers, please indicate the article number being added.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6905.

Thelma Lewis  
Corporate Specialist Supervisor

Letter Number: 495A00027749

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL -3 AM 11:26

Florist Direct Inc.

(present name)

Pursuant to the provisions of section 607.1006, Florida Statutes, this corporation adopts the following articles of amendment to its articles of incorporation:

**FIRST:** Amendment(s) adopted: (indicate article number(s) being amended, added or deleted)

~~Article V~~

Add As Article VI, See Attached

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:



THIRD: The date of each amendment's adoption: May 5, 1995 .

FOURTH: Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.

☐ The amendment(s) was/were approved by the shareholders through voting groups.

The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.

☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this day 16 of May, 19 95 .

Signature

Robert M. Conyers  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholder)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Robert Matson Conyers

Typed or printed name

President / CEO / Incorporator

Title

MAY 5, 1995

TO WHOM IT MAY CONCERN,

THIS LETTER IS AN ADVISEMENT OF THE OFFICERS OF FLORIST DIRECT INC.  
LOCATED IN MIAMI, FLORIDA. THE CORPORATION WAS FORMED ON MARCH 9, 1995  
AND ASSIGNED THE DOCUMENT #P95000019525 BY THE STATE DEPARTMENT- DIVISION  
OF CORPORATIONS. FEDERAL ID# 65-0565152.

ROBERT MATSON CONYERS, PRESIDENT  
SSN# 267-69-3106

SUE ANN CONYERS, VICE PRESIDENT  
SSN# 372-42-3288

GEORGE KANTAKIS, SECRETARY/ TREASURER  
SSN# 126-16-0821

I, ROBERT MATSON CONYERS, THE SOLE PRINCIPAL LISTED AT THE TIME  
OF CORPORATE FILING CERTIFY THAT THESE APPOINTMENTS ARE VALID.

Robert M. Conyers.  
5/5/95

State of Florida / County of Dade  
The foregoing instrument was acknowledged before me this  
5/5, 1995 by Robert M. Conyers  
Personally Known ☐ OR Produced Identification ☒  
Type of I.D. Produced Driver's License  
Vicente Hernandez (Notary signature)  
Vicente Hernandez CC 172000

NOTARY PUBLIC STATE OF FLORIDA  
MY COMMISSION EXP. DEC. 30, 1995  
BONDED THRU GENERAL INS. UND.

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 OCT -2 PM12:06

YE 10/17



DOCUMENT # **P95000019525**

1 Corporation Name

**FLORIST DIRECT INC.**

Principal Place of Business

Mailing Address

13008 S.W. 46TH TERRACE  
APT. C  
MIAMI FL 33175

13008 S.W. 46TH TERRACE  
APT. C  
MIAMI FL 33175

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2 New Principal Office Address, If Applicable

**4462 NW 75 Ave**

Suite, Apt. #, etc

3 New Mailing Office Address, If Applicable

**4462 NW**

Suite, Apt. #, etc

4 Date Incorporated or Qualified  
To Do Business in Florida

**03/08/1995**

5 FEI Number

**650565152**

Applied For

Not Applicable

City & State

**Miami Florida**

City & State

**Miami Florida**

Zip

**33166**

Country

**USA**

Zip

**33166**

Country

**USA**

6 CERTIFICATE OF STATUS DESIRED ☐

SE 75

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	CONYERS, ROBERT M	4462 N.W. 74TH AVENUE	MIAMI FL 33108
VP	CONYERS, SUE A	4462 N.W. 74TH AVENUE	MIAMI FL 33108
ST	KANTAKIS, GEORGE	4462 N.W. 74TH AVENUE	MIAMI FL 33108

**400001980024-1**  
**-10/21/96-01014-012**  
**\*\*\*375.00 \*\*\*375.00**

8. Name and Address of Current Registered Agent

CONYERS, ROBERT M  
13008 S.W. 46TH TERRACE  
APT. C  
MIAMI FL 33175

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Robert M Conyers*  
REGISTERED AGENT MUST SIGN

Date **9/23/96**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Robert M Conyers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/23/96 305.592.8127**  
Date Daytime Phone

P95000019525

Florist Direct Inc.  
4462 NW 74 Ave.  
Miami, FL 33166

To: Secretary of State of Florida  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Amendment to Articles of Incorporation

Please amend the articles of incorporation for Florist Direct Inc. (FEI# 650565152) so that the corporation's name ( as of February 28, 1997 ) is Ceres Flowers Inc. This shall now be the permanent name .All other articles of incorporation shall remain as currently filed with your office.

FILED  
97 MAR 17 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*Robert M. Conyers*

Robert M. Conyers President

SWORN TO AND SUBSCRIBED BEFORE ME THIS 27<sup>th</sup> DAY OF  
February, 1997.

*Vivian Hernandez*  
NOTARY PUBLIC  
STATE OF FLORIDA

000002106220--3  
-03/06/97--01082--018  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

OFFICIAL NOTARY SEAL  
VIVIAN HERNANDEZ  
NOTARY PUBLIC STATE OF FLORIDA  
COMMISSION NO. CC518971  
MY COMMISSION EXP. DEC. 30, 1999

~~0097-5460~~  
N/c

VS MAR 21 1997



**FLORIDA DEPARTMENT OF STATE**

**Sandra B. Mortham**  
Secretary of State

March 11, 1997

**ROBERT M. CONYERS, PRESIDENT**  
**FLORIST DIRECT, INC.**  
**4462 NW 74 AVE.**  
**MIAMI, FL 33166**

**SUBJECT: FLORIST DIRECT INC.**  
**Ref. Number: P95000019525**

We have received your document for FLORIST DIRECT INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6909.

Velma Shepard  
Corporate Specialist

Letter Number: 397A00012203

RECEIVED  
97 MAR 17 AM 8:54  
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF INCORPORATION  
OF**

**FILED**  
**97 MAR 17 AM 10:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

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Florist Direct Inc.

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(present name)

*Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida profit corporation adopts the following articles of amendment to its articles of incorporation:*

**FIRST:** Amendment(s) adopted: *(indicate article number(s) being amended, added or deleted)*

Article 1- ( Name ) This corporation shall now be named Ceres Flowers Inc.

**SECOND:** If an amendment provides for an exchange, reclassification or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself, are as follows:

THIRD: The date of each amendment's adoption: February 28, 1997

FOURTH: Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were approved by the shareholders. The number of votes cast for the amendment(s) was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval by \_\_\_\_\_ voting group."

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☒ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Signed this 14 day of March, 19 97

Signature

  
(By the Chairman or Vice Chairman of the Board of Directors, President or other officer if adopted by the shareholders)

OR

(By a director if adopted by the directors)

OR

(By an incorporator if adopted by the incorporators)

Robert M. Conyers

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
President / Incorporator  
Title