# 1-420034038

### TRANSMITTAL LETTER

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

SUBJECT: ,	FIORAL	MASTEAS	THUNOTTOWAL	INC.	
	(P	roposed corpora	ate name - must include s	suffix)	
Enclosed is	an original :	and one (1) c	opy of the articles of	-03/23	001438256 %501084013 70,00*****70.00
for:	70.00 ng Fee	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
	FROM:	KARL Nar	A. LUNA ne (printed or typed)		95 MAR SECRETA
		111 10.	LINE DR.	·····	73 73 74 75 75 75 75 75 75 75 75 75 75 75 75 75
		APOPKA	, FL - 32703 City, State & Zip		ED FN 3: 26 FLORIDA
			7) 862-6996 me Telephone number		
		Payu	the reichmone mannet		

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

### ARTICLES OF INCORPORATION

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: FloRAL MASTERS INTERNATIONAL INC.

#### ARTICLE II PRINCIPAL OFFICE

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

III N. LINE DR. APOPKA, FL. 32703

#### ARTICLE III SHARES

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

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

KARL A. LUNA 1766 I MPFRIAL PAIM DR. APORKA, FL. 32712

#### ARTICLE V INCORPORATOR(S)

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

KARL A. LUNA
1766 IMPERIAL PAIM DR.
APOPKA, FL. 32712

ROBERT A. LUNA 2702 MAXWELL DR. APOPKA, FL. 32703

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 LINDER 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: Floral MASTERS INT	ERNATIONAL INC.
2. The name and address of the registered agent and office is:	95 SECI
KARL A. LUNA	FIL NS 2
(Name)	EEC.
1766 PAPERIAL PAIN DR.	
(P.O. Box not acceptable)	
APARKA FL. 32712	>> '
(City/State/Zip)	
Having been named as registered agent and to accept service of pabove stated corporation at the place designated in this certificate, the appointment as registered agent and agree to act in this capacito comply with the provisions of all statutes relating to the proper at mance of my duties, and I am familiar with and accept the obligation as registered agent.	rocess for the I hereby accept ity. I further agree nd complete perfor-
as registered agent. '	is of my position
Korl A-dune MARCH	21/95
(Da	te)