

P95000059074

July 24, 1995

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

100001547141
-07/27/95--01018--009
****122.50 ****122.50

RE: Blossom Boutique, Inc.

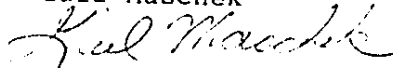
Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,

Gail Maschek



Blossom Boutique, Inc.
700 U.S. Hwy. One Suite G
North Palm Beach, Florida
33408

407-844-2533

JUL 28 1995 BSB

FILED
95 JUL 27 AM 9:05

ARTICLES OF INCORPORATION

of

Blossom Boutique, Inc.

(name of corporation)

FILED

95-MAR-27 AM 9:05

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Blossom Boutique, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Gail Maschek c/o Blossom Boutique, Inc.		
ADDRESS	700 U.S. Hwy. One Suite G		
CITY	North Palm Beach	FLORIDA	ZIP 33408

The principal office, if known, or the mailing address of the corporation is:

NAME	Blossom Boutique, Inc.		
ADDRESS	700 U.S. Hwy One Suite G		
CITY	North Palm Beach	FLORIDA	ZIP 33408

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have Two (-2-) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Robin Maschek		
ADDRESS	114 Sea Steppes Ct.		
CITY	Jupiter,	STATE Florida	ZIP 33477
NAME	Gail Maschek		
ADDRESS	114 Sea Steppes Ct.		
CITY	Jupiter,	STATE Florida	ZIP 33477
NAME			
ADDRESS			
CITY		STATE	ZIP

ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Robin Maschek		
ADDRESS	114 Sea Steppes Ct.		
CITY	Jupiter	STATE	Florida
		ZIP	33477
NAME	Gail Maschek		
ADDRESS	114 Sea Steppes Ct.		
CITY	Jupiter	STATE	Florida
		ZIP	33477
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 24th day of July, 1995.

Robin Maschek (Seal)
Gail Maschek (Seal)
 _____ (Seal)

STATE OF FLORIDA)
 COUNTY OF Palm Beach) SS

before me, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared:

<u>Robin Maschek</u> Signature	<u>FI: M220733596040</u> Form of Identification
<u>Gail Maschek</u> Signature	<u>FI: M22029337724</u> Form of Identification
_____ Signature	_____ Form of Identification

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, who acknowledged before me that they executed these Articles of Incorporation, that I relied upon the form S of identification of the above named person S as indicated opposite each name, and that an oath was not taken.



RHONA L. MANCUSO
 MY COMMISSION # CC353736 EXPIRES
 March 27, 1998
 BONDED THRU TROY FAIR INSURANCE, INC.

Witness my hand and official seal in the County and State last aforesaid this 25th day of July, 1995.

Rhona L. Mancuso
 Notary Signature
Rhona L. Mancuso
 Printed Notary Signature
CC 353736

CERTIFICATE AND ACKNOWLEDGEMENT
OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT 95 JUL 27 AM 9:05
OF

FILED
TALLAHASSEE FLORIDA

Blossom Boutique, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 700 U.S. Hwy. One Suite G
North Palm Beach, Florida 33408

has named Gail Maschek
located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above
stated corporation at the place designated in this certificate, and being familiar with
the obligations of that position, I hereby accept to act in this capacity, and agree to
comply with the provisions of Florida Law in keeping open said office.

Gail Maschek
(registered agent)

P95000059074

April 18, 1996

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

400001791114
-04/23/96--01144--008
*****35.00 *****35.00

Dear Florida Department of State Representative,

Enclosed please find articles of dissolution pursuant to section 607.1403, Florida Statutes, in addition to a check in the amount of \$35.00 for the filing fee in the dissolution of Blossom Boutique, Inc. (Former address was 700 U.S. Hwy. One Suite G, North Palm Beach, Fl. 33408.) Current mailing address is:

c/o Gail Maschek
114 Sea Steppes Ct.
Jupiter, Florida 33477

Phone: 407-744-8120

Sincerely,

Robin Maschek

Robin Maschek
Vice President

Vol. Diss.
SH 4/30

96 APR 22 PM 9:15

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: Blossom Boutique, Inc.

SECOND: The date dissolution was authorized: DECEMBER 18, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

[The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

"The number of votes cast for dissolution was sufficient for

approval by _____."]

Signed this 18 day of April, 19 96

Signature

Gail Maschek
(By the Chairman or Vice Chairman of the Board, President, or other officer)

Gail Maschek

(Typed or printed name)

President

(Title)

2025 RELEASE UNDER E.O. 14176