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TRANSMITTAL LETTER

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

_	n original s	and one (1) co	y of the articles of	fincorporation a	nd a check		
for : \$7 Filing	0.00 [Fea	\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Copy	\$131.25 Filing Fee, Certified Copy & Certificate Required			
	FROM: Delia M. Leau Name (printed or typed)						
		14010	SW 36 Address	<u>et</u>	ALLAIR	96 概	<u> </u>
		Davie	/, State & Zip	333/)_	SKE T	-6 -E	LED
		(30S) Daytime	808-650 Telephone number	8 h	AGSO	11: 10	

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

ARTICLES OF INCORPORATION

FILED

96 HAR -6 AM II: 10

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

> NAME ARTICLE I

The name of the corporation shall be:

Costa Flowers & Foliage, Inc.

ARTICLE II PRINCIPAL OFFICE

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

14010 SW 36 ct. Davie, Fl 33330

> ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 60

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:

Delia m. Leon 14010 SW 36 et Davie, FL 33330

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Delia Leon 14010 SW 36 El Davie, Fl 33330 Rolando Leon 14010 SW 3601 Davie, Fl 33330

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

28th day of February , 19 96.

(An additional article must be added if an effective date is requested.)

Signature
Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

The name of the corporation is:	Costa	+ lowers	٧-	Voliage,	ne.
1. The mane of the corporation is					

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

Delia Cean	 1 .		
(NAME)	<u></u>	9	
14010 SW 36 Q+ (P.O. Box or Mail Drop Box NOT ACCEPTABLE)		1130	77
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)		ပ္ပ	
Davie, F/ 33330 (CITY/STATE/ZIP)	2017 1217 1217 1217 1217 1217 1217 1217		ED
	577	0	

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.

(SIGNATURE) J- 27-96. (DATE)