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

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SUBJECT:

FLOWER PETALS, INC.

(proposed corporate name)

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of $\frac{78.75}{}$.

FROM:

MELROSE ACCOUNTING & TAX SERVICE, INC.

Name

P.O. BOX 1430

Address

MELROSE, FL. 32666

City, State, & Zip

(352) 475-2100

Telephone Number

95 JUL 29 AM 8: 08
95 JUL 29 AM 8: 08
SECRETARISSEE FLORIDA

JUL 3 1 1996. . BSB

Note: Additional copy of articles is needed only when certified copy is requested.

July 24, 1996

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

Dear Sirs:

Upon the acceptance of Flower Petals, Inc. as a corporation in the state of Florida, we request a copy of the certificate of status for the corporation. Please include it with the coroporate acceptance letter.

Thank You,

Flower Petals

ARTICLES OF INCORPORATION

FILED

OF

96 JUL 29 AH 8: 08

FLOWER PETALS, INC.

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:

FLOWER PETALS, INC.

ARTICLE II PRINCIPAL OFFICE

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

P.O. BOX 369 KEYSTONE HEIGHTS, FL. 32656

ARTICLE III CAPITAL STOCK

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

HELEN M. DIXON 350 S.LAWRENCE BLVD. KEYSTONE HEIGHTS, FL. 32656

ARTICLE V INCORPORATOR(S)

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

| The undersigned has(have) ex | ecuted these Articles of Incorporation this |
|------------------------------|---|
| 04.1 | JULY , 19 <u>96</u> . |
| | Helen M Digon PRESIDENT Signature/Title |
| | Signature/fitle |
| • | Signature/Title |

CERTIFICATE OF DE GNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate 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: FICHER PETALS, INC. |
|----------------|---|
| 2. | The name and address of the registered agent and office is: |
| | HELEN M. DIXON |
| | (NAME) 350 S. LAWRENCE BLVD. (P.O. BOX NOT ACCEPTABLE) |
| | 350 S. LAWRENCE BLMD. |
| | (P.O. BOX NOT ACCEPTABLE) |
| | KEYSTONE HEIGHTS, FL. 32656 |
| | (CITY/STATE/ZIP) |
| | |
| | SIGNATURE TO DIVOLO (corporate officer) TITLE PRESIDENT DATE JULY 24,1996 |
| THICANE PRO | VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF DCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN SCENTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT DAGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE DVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGANS OF MY POSITION AS REGISTERED AGENT. SIGNATURE AUGUST AND DELLAR OF DELLAR |

REGISTERED AGENT FILING FEE: \$35.00