

P96000090038

TRANSMITTAL LETTER
FILED

96 OCT 29 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

W96-21994

SUBJECT: Enchanted Florist, Inc.
(Proposed corporate name - must include suffix)

500001973245--7
-10/15/96--01015--007
*****70.00 *****70.00

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

Additional Copy Required

FROM:

JOY CUCCO
Name (printed or typed)

2479 Tommys Turn
Address

QUIRTO FL 32766
City, State & Zip

407-365-2299
Daytime Telephone number

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

10-1-96



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

October 16, 1996

JOY CUCCO
2479 TOMMYS TURN
OVIEDO, FL 32766

SUBJECT: ENCHANTED FLORIST, INC.
Ref. Number: W96000021994

We have received your document for ENCHANTED FLORIST, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(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) 487-6927.

Kathy Hyman
Document Specialist

Letter Number: 896A00047480

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:

Enchanted Florist of Orlando, Inc.

ARTICLE II PRINCIPAL OFFICE

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

7591 University Blvd.
Winter Park, Florida 32792

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lisa Tajudeen
638 Appleton Place
Oviedo, Florida 32765

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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):

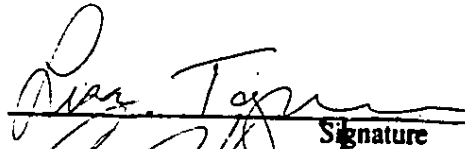
Lisa Tajudeen, President, Treasurer
638 Appleton Place
Oviedo, Florida 32765

Esther C. Hannan, Vice President, Secretary
66 Seaview Avenue
Staten Island, NY 10604

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

10th day of October, 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.

1. The name of the corporation is: Enchanted Florist of Orlando, Inc.
2. The name and address of the registered agent and office is:

Lisa Tajudeen
(NAME)

638 Appleton Place
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Oviedo, Florida 32765
(CITY/STATE/ZIP)

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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)

10/28/96
(DATE)