# 7000029723

Department of State **Division of Corporations** 

P. O. Box 6327 Tallahassee, FL 32314	_			
Tananasse, PL 32314		2	40000211 -03/19/97 ******78.50	<b>79342</b>
SUBJECT:	FLORIDA IMP	orts INCOM	porated s	D.W.S
	(Proposed corpora	te name - must include su	- *	Page CA
			1	-2 AH
Englaced is an original	and ang/1\ cany at the esticles			STATE US
Enclosed is an original	and one(1) copy of the articles $ $	or incorporation and a	check for :	∞ <del>%</del> [
\$70.00 Filing Fee		□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Scott Simm Name (Printed	ons		
		or typed)	<del></del>	
2	40 Center Ct.		<del></del>	
	,			
<u> </u>	enice FL City, State	34292	·	
	(941) 497-50	-	4	
	Daytime Telepho	ne number	1h	•
	•		27 has	
		١,	$\mathbf{N} \mathbf{N} \mathbf{N} \mathbf{N} \mathbf{N} \mathbf{N} \mathbf{N} \mathbf{N} $	

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



#### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 25, 1997

SCOTT SIMMONS 240 CENTER COURT VENICE, FL 34292

SUBJECT: FLORIDA IMPORTS INCORPORATED

Ref. Number: W9700006833

We have received your document for FLORIDA IMPORTS INCORPORATED and check(s) totaling \$78.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 897A00014955

### 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.

The name of the corporation shall be:

ARTICLE I NAME

FLORINA POTTERY INC

ARTICLE II PRINCIPAL OFFICE

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

250 Center Court Venice FL 34292 SECRETARY OF STATIONS
DIVISION OF CORPORATIONS
97 APR -2 AH 9: 28

ARTICLE III SHARES

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

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Scott Simmons 250 Center Court Venice FL 34292

#### 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):

Scott Simmons 250 Center Court Venice FL 34292

The undersigned incorpor	ator(s) has(have) executed these Articles of Incorporation this
day of	, 19
(An additional article must	be added if an effective date is requested.)
: Su	All 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.

•	Pottery	•
1. The name of the c	corporation is FLORIDA Imports INC	·
2. The name and add	dress of the registered agent and office is:	
	Scott Simmons (NAME)	OLVESTORE OF APR
	250 Center Ct.	-2 AH
	(P. O. Box or Mail Drop Box NOT ACCEPTABLE)  Venice FL 34297	9: 28
	(CITY/STATE/ZIP)	

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.

Level Sum 3.17.57
(SIGNATURE) (DATE)