Requestor  Winney  Ad  Tanaca  City/State/Zip	Bellio S Name S Linc Inc. dress Phone #	Pait	d, ell? Office Use Only	30		
CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):						
1. LOVE P	etals Flo	ient #)	st Inc	2		
2. (Corporation ) 3. (1/5/91)		·	10000223 -07/16/97: ****122.!	01070009		
Dear madam	(Docum	nent #)		. <u></u>		
I have brele	slo					
Alear Madam Dhave enclo a prezaid 75 for your Conv N mak It back	Z- X Q -		Certified Copy  Certificate of Statist	97 JUL 21		
n advance	On O to New, Officer/ Director	7				
I we led	Polance, Officer/Director		Ċ	9: 59 9: 59		
Domesucation	Dissolution/Withdrawal		•			
Other	Метдет					
OTHER FILINGS  Annual Report  Fictitious Name	REGISTRATION/QUALIFICATION	JUL	558, 1911-11	5B, 707		
Name Reservation	Limited Partnership	_	100 /1	1,525		
	Reinstatement	\ /	( C I) - II			
	Trademark	V				
	Other					
R2E031(1-95)		Γ	Examiner's Initials			

STANCE OF THE ST



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

July 17, 1997

HOSA DIBELLO PEDRO PALANCO West Mc Noh Rd. #A
7300 W. MICHAE HEAD SUITE HT 6980 West Mc Noh Rd. #A
TAMARAC, FL 33321
TAMARAC, FL 33321

SUBJECT: LOVE PETALS FLORIST, INC

Ref. Number: W97000016525

We have received your document for LOVE PETALS FLORIST, INC and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fieldious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

We are enclosing the proper form(s) with instructions for your convenience.

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 (850) 487-6925.

Brenda Baker Corporate Specialist

Letter Number: 397A00036527

## TRANSMITTAL LETTER

LOYE PETAI'S FLORIST INC.
(Proposed corporate name - must include suffix)

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

Enclosed is an origin	nal and one(1) copy of the articles	s of incorporation and a check for				
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	S122.50 \$131.25  Filing Fee, & Certified Copy & Certificate				
		ADDITIONAL COPY REQUIRED				
FROM:	PEDRO PO	LANCO				
	Name (Printed or typed)  6980 WEST MC NAB RD.					
	TAMBRA	C, FLORIDA 33321 State & Zip  Address  Address				
	City, (954)	State & Zip  752-8228 / 152-7129  Clephone number				
	Daytime T	elephone number				

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

## FILED

## ARTICLES OF INCORPORATION

97 JUL 21 AM 9:59

1, 202 EL WI 2, 33
The undersigned incorporator, for the purpose of forming a corporation under the Florida SEL MASSEL TLORIDA  Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME  The name of the corporation shall be:
LOVE PETALS FLORIST INC,
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:
2188 WILTON DRIVE FORT LAUDERDALE, FL 33305
ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any one time is:
/, 000
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:
Pedro Po Lanco
6980 WELT UN NAL Rd
ARTICLE V INCORPORATOR TAMARAC, FL 33321
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:
PEDRO POLANCO
6980 WEST MCNAB RD
Polans TAMARAC, FL 33321 4/18/97
Signature/Incorporator   Date
Sate /

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

Having been named as registered agent and to accept service of process for the above st	aled corneration at the place decimend in this
certificate, I hereby accept the appointment as registered agent and agree to act in thi	s consolts. I find a me place designated in inis
provisions of all signifes relating to the proper and complete performance of my A	s capacity. I juriner agree to comply with the
obligations of invinosition as revisiered agent	unes, and I am Jamiliar with and accept the
A STATE OF THE STA	, /
obligations of my position as registered agent	4/18/97
	1 1 1 1 1 1 1 1 1

Signature/Registered Agent

Date