# P GAPLE LATER CONSIDER TO TO TO THE STATE OF THE STATE OF

Datc September 15, m1997

Secretary of State Division of Corporations P. O. Box 6327 Talahassee, FL 32314

Re: Hometown/s Best I (name of corpora	Florist , Inc.
Gentlemen:	4000022952846 -09/17/9701054001 ****122.50 ****122.50
Enclosed please find the original and one copy of Articles of amount of \$122.50.	
This represents the cost of the Filing Fees, Certified Co Registered Agent Designation for the above named cor	opy of Articles of Incorporation and Fee for poration.
Very t	ruly yours,
	Dames & Bisfee
<u></u>	James R. Bisbee 第四 五
	(individual's name)
	· t
_Hom	atown s Best Florist $\omega$ (name of corporation)
	MAILING ADDRESS OF CORPORATION
Но	metown's Best Florist
3	737 N. W. 36 St,
	Miami, F1, 33142

( 305 ) Area Code

Ext.

### ARTICLES OF INCORPORATION

of

	UL	
Hometown's Best F		
(name	of corporation)	
The undersigned subscriber(s) to these Articles of Incorcorporation under the laws of the State of Florida.	poration, natural person(s) competent	to contract, hereby form a
ARTICLE 1 -	CORPORATE NAME	97 SEC ALL
The name of the corporation is:		- A - A - A - A - A - A - A - A - A - A
Hometown∮s Best	Florist Inc.	
	II - DURATION	<del>≒</del> U
This corporation shall exist perpetually unless dissolv	ed according to Florida law.	08:0 08:0 08:0
ARTICLE	E III - PURPOSE	35 DA
The corporation is organized for the purpose of engagi United States and the State of Florida.	ing in any activities or business permit	tted under the laws of the
ARTICLE IV	' - CAPITAL STOCK	
The corporation is authorized to issuc Five Hundr	shares (500) of _	One
Dollar(s) (\$1.00 par value Comm	non Stock, which shall be designated	"Common Shares."
ARTICLE V - INITIAL RE	GISTERED OFFICE AND AGENT	•
The street address of the Initial Registered Agent office	ce and the name of the Initial Register	red Agent at that office is:
DDRESS 3737 N. W. 36 St.	<del></del>	
my Miami	FLORIDA Florida	ZIP 33142
The principal office, if known, or the mailing adress	of the corporation is:	
IAME Hometown's Best Florist		
DDRESS 3737 N. W. 36 St.		
TIY Miami	FLORIDA	7ID 00140
	IAL BOARD OF DIRECTORS	ZIP 33142
This corporation shall have <u>one</u> ( <u>1</u> increased or diminished from time to time by the By addresses of the initial director(s) of the corporation	) directors initially. The number y-Laws, but shall never be less than	of directors may be either one (1). The names and
NAME TAMAR BY THE TAMAR		
James R. Bisbee ADDRESS		
3737 N. W. 36 St	State F1	ZIP 33142
VAME	F 1	
ADDRESS		
CITY	STATE	ZIP
NAME		
ADDRESS		
CITY	STATE	ZIP

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#### ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

····	
STATE Florida	ZIP 33142
STATE	2ZIP
STATE	ZIP
criber(s) have executed these Articles of I	ncorporation this15_
	(Seal)
	(Scal)
	(Seal)
) SS) knowledgments in the State and County	set forth above, personally
FL DL B 210-456-3	
Form of Identi	fication
Form of Identi	fication
cuted the foregoing Articles of Incorporation Incorporation, that I relied upon the form	n, who acknowledged before of identification of the above inty and State last aforesaid this
	STATE  criber(s) have executed these Articles of I  SS  cknowledgments in the State and County  Form of Identificated the foregoing Articles of Incorporation, that I relied upon the form Incorporation, that I relied upon the form and that an oath was not taken.  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County  Witness my hand and official scal in the County

## CERTIFICATE AND ACKNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT

OF

97 SEP 17 M 8 35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Hometown's Best Florist Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 3737 N.W. 36 St.

Miami, Florida 33142

has named James R. Bisbee
located at the aforesaid address, as its Registered Agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

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