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TRANSMITTAL LETTER

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

SUBJECT: Floral Silksations, Inc.

I enclose an original and ______ copy (ies) of the Articles of Incorporation for the above corporation and a check in the amount of \$ 10.00

Admira A Buttaravoli

From: Patricia Am Buttaravoli

Name Address
Miranar, II. 33029

City, 430-9/27

Telephone Number

SECRETARY OF STATEME DIVISION OF CARPORATIONS 97 OCT -6 AH 9: 56

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ARTICLES OF INCORPORATION	므
OF	o SEC
Floral Silksations, Inc.	1007-7
	Disposition of the control of the co
ARTICLE I NAME	RATIONS A 9:56
The name of the corporation shall be:	J.
The name of the corporation shall be:	_
ARTICLE II PRINCIPAL OFFICE	
The principal place of business and mailing address of this	
corporation shall be: 29// SW 174 Way Michael Fl. 22029	
Miranar, Fl. 33029	-
	-
	
	-
ARTICLE III CAPITAL STOCK	
The number of shares of stock that this corporation is	
authorized to have outstanding at any one time is:	
10,000 Shares	
	-

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is: Patricia A. Butta (aVO). 2911 SW 174 Way Minamor, T. 33029
2911 SW 174 Way
17/11/amar, L1. 33029
ARTICLE V INCORPORATOR
The name and street address of the incorporator to these
Articles of Incorporation is:
Patricia A. Luttacavoli
2911 Cul 1941 11
2111300 117 Way
Miramar 7/33029
The undersigned has executed these Articles of Incorporation
this 29 day of September 1997.
day of <u>991014861</u> 19/1.
Jakucia H. Suttala Vole
, Incorporator
Patricia A. Buttagavoli

CERTIFICATE OF DESIGNATION

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: 2. The name and address of the registered agent and office is: Signature:

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: