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CR2E031(9/92)

## 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 NAME

The name of the corporation shall be:

Flowers by Shery, Inc.

ARTICLE II PRINCIPAL OFFICE

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

801 SW 122 Cm MIAMI F/ 3318\$

ARTICLE III SHARES

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

100:

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and address of the initial registered agent is:  $\frac{1919}{9}$  Sw.  $\frac{1240}{}$ 

MIAMI F/33/75

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):
1919 Sw 1248)
1919 Sw 1248/
MISMI # 33175 ARTICLE VI DIRECTOR(S)
The name(s) and street address(es) of the director(s) to these Articles of
Incorporation is(are):  /eresA M AVIAS  /919 Sw 124 P/  MIANIF/ 33-1-75
The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
Signature
Signature

Articles of Incorporation Filing Fee - \$35

Signature

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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.

The name of the c	orporation is	s: flou	res:	<u> 5 y "</u>	Sheryl,
The name and add	dress of the	registered agent	and offi	ce is:	11
19:19	Sw	124 Pl		eveso	MAYIN
	•	(NAME)			· · ·
	(P.O. BOX	NOT ACCEPTAE	BLE)		
M	1AM1	F/ 33	3/7		
	(CIT	Y/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.

SIGNATURE

DATE

**REGISTERED AGENT FILING FEE: \$35.00** 

98 APR 21 PH 3: 10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA