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| AZARUS COR | PORATE_FILING uestor's Name) | SERVICE, INC. | • • • • | |
| 3320 S.W. 8 | | | | |
| MIAMI, FLOR | (Address) IDA (305)5 | 52-5973 | | |
| | | (Phone #) | - | |
| LOCAL REPRE | SENTATIVE TAL | LAHASSEE | OFFICE USE ONLY | |
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| CORPORAT | ION NAME(S) | & DOCUMENT NU | MBER(S) (if known): | |
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BEST BUSINESS & TAX INC. 2016 NE 164TH STREET NORTH MIAMI BEACH, FLORIDA 331

NOV 24TH. 1998.

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Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Gentlemen:

RE: FLOWERS & FANCIES, INC.

Kindly find enclosed ARTICLES OF INCORPORATION executed on NOV. 24TH. 1998, for registration with your offices as a State ______ of Florida Corporation.

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. . . .

A duplicate executed copy is also enclosed for CERTIFICATION by your offices and return to the undersigned.

I further enclose CERTIFICATE designating the RESIDENT AGENT, dated NOV.24TH. 1998 as execured by the Corporate Officer and Resident Agent.

A check is enclosed in the amount of \$78.75 payable to the Florida Department of State for the following costs:

| | TOTAL COST | \$ 78.75 | |
|----|---|-------------|--|
| B) | RESIDENT AGENT DESIGNATION | 35.00 | |
| B) | CETIFIED COPY OF ARTICLES OF INCORPORATION | \$ 8.75 | |
| A) | FILING FEE | \$ 35.00 | |

Thanking you kindly for your attention and interest, I am Cordially Yours,

MICHAEL A. RAUF

98 NOV 25 AN 8: 5 SECRETARY OF STAT

ARTICLES OF INCORPORATION

OF

FLOWERS & FANCIES, INC.

ARTICLE I

THE NAME OF THIS CORPORATION IS FLOWERS & FANCIES INC.

ARTICLE II

This corporation shall have perpetual existence.

ARTICLE III

This corporation shall engage in the business of FLOWER SHOP, AND GIFTS AS WELL AS ANY OTHER ACTIVITIES PERMITTED UNDER THE LAWS OF UNITED STATES AND STATE OF FLORIDA.

ARTICLE IV

The total number of shares of stock which the corporation shall have the authority to issue is FIVE HUNDRED (500) SHARES which shall be no par value, and shall have equal rights, privileges and voting power.

ARTICLE V

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The amount of shares of capital which this corporation shall begin business is FIVE HUNDRED & NO/100 DOLLARS (\$500.00) the proceeds of stock subscribed for will at least be as much as the amount necessary to begin business

ARTICLE VI

The street address of the initial principal office of this corporation is: 12249 PEMBROKE ROAD, PEMBROKE PINES, FL. 33125 COUNTY OF BROWARD STATE OF FLORIDA 33025.

And the initial REGISTERED AGENT of this corporation is, SYLVIA ALFONSO OF 12249 PEMBROKE RD. PEMBROKE PINES, FLORIDA 33025.

ARTICLE VII

This corporation shall have ONE DIRECTOR INITIALLY

(1) SYLVIA ALFONSO

The number of Directors may be either increased or decreased from time to time by the By laws, but shall never be less than one (1) The name and address of the inital Director of this corporation is: SYLVIA ALFONSO, 12249 PEMBROKE RD. PEMBROKE PINES, FLORIDA 33025.

ARTICLE VIII

The name and address of the person signing these ARTICLES OF INCORPORATION is: SYLVIA ALFONSO 12249 PEMBROKE RD. PEMBROKE PINES, FLORIDA, 33025

ARTICLE IX

This corporation reserves the right to Amend or Repeal any of the provisions contained in these ARTICLES OF INCORPORATION or any of its AMENDMENTS thereto, and any right conferred upon the SHAREHOLDERS is subject to this reservation.

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER HAS EXECUTED THESE ARTICLES OF INCORPORATION ON

NOV.24TH, 1998.

••• • • • •

SYLV/IA ALFONSO INCÓRPORATOR

CERTIFICATE DESIGNATING PLACE OF BUSINESS FOR SERVICE AND PROCESS WITHIN FLORIDA, NAMING RESIDENT AGENT UPON WHOM SERVICE CAN BE MADE:

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUES, THE FOLLOWING IS SUBMITTED:

FIRST THAT FLOWERS & FANCIES INC. .DESIRING TO ORGANISE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA WITH ITS PRINCIPAL PLACE OF BUSINESS AT BROW.COUNTY, STATE OF FLORIDA SYLVIA ALFONSO 12249 PEMBROKE RD. PEMBROKE PINES, FLORIDA 33025 ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

SIGNATURE

TITLE DATE

(CORPORATE OFFICER) PRESIDENT NOV. 24,1998

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THAT CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUES RELATIVE TO THE PROPER AND COMP-LETE PERFORMANCE OF MY DUTIES.

SIGNATURE ESIDENT AGENT

NOV. 24, 1998.

DATE

| STATE OF FLORIDA) | 1 | - | | |
|-------------------|-----|---------|-----|---------|
|) | SS | | · . | - |
| COUNTY OF DADE | ·) | . • | | |

BEFORE ME, a Notary Public, authorized to take acknowledgements in the State and County last aforesaid, personally appeared before me SYLVIA ALFONSO Known to me to be the person who so executed the foregoing ARTICLES OF INCORPORATION, and he aknowledge before me that he executed the ARTICLES OF INCORPORATION for the uses and purposes therein expressed.

IN WITNESS WHEREOF, I have here into set my hand and affixed my seal in the State and County last aforesaid on NOV.24,1998

Notary Public State of Florida at Large

My commission expires



Notarial Seal/Stamp

