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Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

W FILINGS	AMEND		·	XX XX	99
Mail out	☐ Will wait	☐ Photocopy	Certificate of Status		
☐ Walk in	Pick up time		Certified Copy		
4	(Corporation Name)	(Doc	ument #)		_
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NEW FILINGS	AMENDMENTS
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger

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FLORIDA	9	

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/*** QUALIFICATION		
Foreign		
Limited Partnership		
Reinstatement		
Trademark		
Other		

3

No:18/08

Examiner's Initials

CR2E031(1/95)



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

December 9, 1998

MARIA PADILLA 1868 S.W. WEST FLAGLER MIAMI, FL 33135

SUBJECT: "A" SAMANTHA'S FLOWER, CORP.

Ref. Number: W98000027593

STATE

Production

We have received your document for "A" SAMANTHA'S FLOWER, CORP. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of 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) 487-6928.

Michelle Milligan Document Specialist

Letter Number: 398A00058231

My adhess is 1868 Sw West Flagler Minmi, Fl. 33135 Phone - (305)-643-0105

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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.

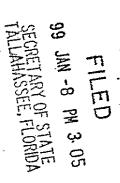
ARTICLE I NAME

The name of the corporation shall be: "A" SAMANTHA'S FLOWER AND GIFT, CORP.

ARTICLE II PRINCIPAL OFFICE

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

1868 S.W. West Flagler Miami, Fl. 33135



ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Thousand (1000) shares at One Dollar (1.00) per value.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and address of the initial registered agent is:

Maria Padilla 1868 S.W. West Flagler Miami, Fl. 33135

INCORPORATOR(S) ARTICLE V

See instructions for officers/directors

Director & President.

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Maria Padilla

designation of officers.

1868 S.W. West Flagler Miami, F1. 33135

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and and or signed intool	horacor(s) uas(ua	ve) executed these Articles o	of Incorporation this	
<u>lst.</u> day of	December			
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NOTE: Affixing an officer title after a signature of an incorporator does not constitute the

CERTIFICATE OF DESIGNATION OF 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:	"A" SAMANTHA'S FLOWER	AND GIFT, CORP.
2. The name and address of the regis	stered agent and office is:	<u>-</u> -
<u>-</u>	Maria Padilla	99 SEC
	(Name)	
——————————————————————————————————————	368 S.W. West Flagler ox or Mail Drop Box <u>NOT</u> ACCEPTABLE)	ARY OF S
<u>M</u>	iami, F1. 33135 (CTTY/STATE/ZIP)	3 05 TATE ORIDA
Having been named as registered corporation at the place designated is agent and agree to act in this capaci relating to the proper and complete pobligations of my position as register	n this certificate, I hereby accept i ty. I further agree to comply with erformance of my duties, and I am	the appointment as registered
		2- 1 -98
(SIGNATUR	E)	ATE)