

Re: BLOOMIN' BASKET FLORIST (Name of Corporation)

400002794124--0 -03/04/99--01033--019 ****122.50 *****78.75

Gentlemen:

Tallahassee, FL 32314

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

FILED SIGN OF CORPORATION MAR -4 AM 7/57

Called @ 1:07 pm -3/9/99

BLOOMIN' BASKET FLORIST (Name of Corporation)

Anita Roberts GAVE

AUTHORIZATION BY PHONE TO

CORRECT Registered Agent

DATE 03-09-99

DOC. EXAM. R. PUEINTUN

MAILING ADDRESS OF CORPORATION	
BLOOMEN' BASKET FLOREST I	NC-
1708 N. WICKHAM ROAD MELBOURNE, FL 32935	
PHONE	
(407) 254-8770 Area Code Number - Ext.	

ARTICLES OF INCORPORATION

of

BLOOMIN' BASKET FLORIST INCORPORATED (name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

	ARTICLE I - CO	ORPORATE NAI	ME	- -		
The name of the corporation is:	BASKET	FLOR	CST	IN(CORPORA	TE
This corporation shall exist perpe		I - DURATION	rida law.	 		
The corporation is organized for United States and the State of Florida.		II - PURPOSE in any activities	or busine	ss permitted	d under the laws	⊊of t he
The corporation is authorized to i	ARTICLE IV - (CAPITAL STOC	K	-	MAR -4 AM	FILED re.
The street address of the initial pr	ARTICLE V - INITIA.	L PRINCIPAL O	FFICE g address	is:	7:57	AIL
STREET ADDRESS 1708 A	ORTH WI	CKHAM	_RC	OAL_		
CITY MELBOURNE Mailing address, if different		FLORIDA	FL		zip 3293	35
STREET ADDRESS			1000			
		·				
CITY		FLORIDA			ZIP	
ARTICL	E VI - INITIAL REGIS	TERED OFFI	CE AND .	\overline{AGENT}		
The street address of the initial	registered office and t	he name of the	initial re	gistered ag	gent at the offi	ce is:
NAME		Λ	ITA	RUTH	ROBER	
ADDRESS 1708 N. W	JICKHAM	ROAD			- NOON	
CITY MELBOURI	VE	FLORIDA	FL		ZIP 3293	35

ARTICI	LE VII - INITIAL BOARD OF DI	RECTORS =	
This corporation shall have	(TWO) directors	s initially. The number has less than one (1)	er of directors may be
either increased or diminished from time to t addresses of the initial director(s) of the corp	oration are as follows:	The less than one (1)	. The names and
NAME SFAN PATI	DTC BAREPT	- <	
ADDRESS 902 LOBA	DDV CI C	, \\	· · · · · · · · · · · · · · · · · · ·
NO 1 10 0 10 1	STATE L	- / <u></u>	ZIP 37908
CITY PALM BAY	JAIL F	<u>~ L </u>	<u> </u>
NAME ANTTA RUT	H KOBERIS		
ADDRESS 402 Le BAI	, 	<u> W</u>	-22020
CITY PALM BA	STATE	<u> </u>	ZIP 32408
NAME		· · · · · · · · · · · · · · · · · · ·	
ADDRESS			
CITY	STATE		ZIP
	ARTICLE VIII - INCORPORAT	ORS	
The names and addresses of the incorporato	rs signing these Articles of Incorpo	ration are as follows:	
NAME SEAN PAT	RIC ROBERT	<u> </u>	
ADDRESS 902 Lo P	ARDN ST. S	S.W. =	
CITY PALM BA	STATE	۲ <u>ــــــــــــــــــــــــــــــــــــ</u>	zip 329 <i>0</i> 8
NAME			
ADDRESS			
CITY	STATE		ZIP
NAME			
ADDRESS			
CITY	STATE		ZIP
The undersigned incorporator(s) have e	xecuted these Articles of Incorp	oration this	
day of	* ^		
	Sland	habets_	(Signature)
	anital	Reliets R. Roberts	(Signature)
			(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/ REGISTERED OFFICE

BLOOMIN' BASKET FLORIST INCORPORATED (name of corporation)

Having been named as registered agents 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 agents 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 any duties, and I am ramiliar with and accept the obligations of my position as registered agents.

(Signature) 03-06

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