Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : .071001002335 (305)599-0839

Fax Number : (305)716-0346

FLORIDA PROFIT CORPORATION OR P.A.

LILA'S FLOWERS CORP.

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Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: LILA'S FLOWERS CORP.

ARTICLE II PRINCIPAL OFFICE

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

1950 South Ocean Dr. Suite MZ-E HALLANDALE, FL 33009_

ARTICLE III SHARES

gree Free

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

100 Common Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MICHAEL S. HANNA 1950 S. Ocean Dr. Suite MZ-E HALLANDALE, FLORIDA 33009

Prepared By: ROBERT PETROCELLI
2500 E. Hallandale Beach Blvd. #Y
HALLANDALE, FLORIDA 33009
Phone#(954)456-5992

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

MICHAEL S HANNA =

1950 S OCEAN DR SUITE MZ-E

HALLANDALE, FC 33009

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

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:	LILAS	FLOWER	s cox	:P
2.	The name and address of the regi	_		· ==	 -
		MICHAEL S 1950 S OCC (NAME)	5 HANNE EAN OR	Suite	HZ-E
	(P.O. E	, Box or Mail Drop Box <u>NOT</u> .	acceptable)		
		HA-UANOA (CITY/STATE/ZIP)	ie fr	_33 <u>0</u> 09	<i>}</i>

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)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 3237