

TRANSMITTAL LETTER

799000034465

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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-04/12/99--01082--020
*****78.75 *****78.75

SUBJECT: KIMBERLY'S FLOWERS INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate

\$122.50
Filing Fee
& Certified Copy

\$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Kimberly DONAVEL
Name (Printed or typed)

15057 Cloverdale Dr.
Address

Fort Myers FL 33919
City, State & Zip

941-337-4242
Daytime Telephone number

99 APR 12 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

F. CHESLER APR 15 1999

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

KIMBERLY'S FLOWERS INC.

ARTICLE II PRINCIPAL OFFICE

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

2968 CLEVELAND AVE. FORT MYERS FL. 33901

ARTICLE III SHARES

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

1

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*KIMBERLY DONAVEL
15057 CLOVERDALE DRIVE
FORT MYERS FL. 33919*

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*KIMBERLY'S FLOWERS INC.
2968 CLEVELAND AVE.
FORT MYERS FL. 33901*

Kimberly Donavel

Signature/Incorporator

4-7-99

Date

(An additional article must be added if an effective date is requested.)

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

Kimberly Donavel

Signature/Registered Agent

4-7-99

Date

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TALLAHASSEE, FLORIDA