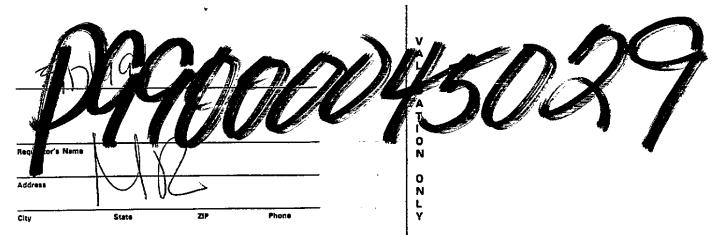
**Charter Number Only** 



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## CORPORATION(S) NAME

W.P. Verifier

-the F	lower =	salad Corporis	
		CRE THAY	
		ASS	
		LORIO RIO	7 7
		≥	Toll
( Profit ( ) NonProfit	( ) Amendment	( ) Merger	Free
( ) Foreign	( ) Dissolution	( ) Mark	: 1-8
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent	Toll Free: 1-800-432-3028
( Certified Copy	( ) Photo Copies	( ) Certificate Under Seal	32-3 
( ) Call When Ready ( ) Walk in ( ) Will W	( ) Call If Problem	( ) After 4:30 Pick Up ( ) Mail Out	028
Reme Availability Document Examiner Updater Verifier		MECELVED 18 27	
Acknowledgment		TALLET MANUFACE WAY	

## ARTICLES OF INCORPORATION

of

The Flower	R Salad Corp.	
	(name of corporation)	
The undersigned subscriber(s) to these Articles of corporation under the laws of the State of Florida		to contract, hereby form a
The name of the corporation is:	CLEI-CORPORATE NAME OWER SALAD CORP	HAY 18 AH
A	ARTICLE II - DURATION	II: 45
This corporation shall exist perpetually unless dis	ssolved according to Florida law.	
A	ARTICLE III - PURPOSE	
The corporation is organized for the purpose of e United States and the State of Florida.	engaging in any activities or business permitte	ed under the laws of the
ART	TICLE IV- CAPITAL STOCK	
The corporation is authorized to issue/ OC Dollar(s) (\$) par value Commo	shares ( ) of on Stock, which shall be designated "Commo	on Shares".
ARTICLE V - INIT	TIAL REGISTERED OFFICE AND AGENT	-
The street address of the Initial Registered Agent	t office and the name of the Initial Registered	Agent at that office is:
NAME ALMA KOZAROGIOU  ADDRESS 800 NW 807 #3		
		-22.71
CITY MOM	FLORIDA +	4001/1
The principal office, if known, or the mailing add	dress of the corporation is:	
NAME THE FLOWER SALATI ADDRESS 3024 NW. 72 Aprl.	Corp	
ADDRESS 3024 NW. 72 Aprl.		
CITY \$4.044	FLORIDA II.	ZIP. 33i7

## ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have(	) directors initially. The number of direct, but shall never be less than one (1). The nat	ors may be either mes and addresses
NAME ALMA KOZAROGŁOU		
ADDRESS 8900 NW 8 ST # 310		
CITY MIGM!	STATE FC.	<sub>ZI</sub> 33172
NAME ROLAND CEBALLOS		
ADDRESS 8900 NW 8 ST #310		
CITY MIGHI	STATE 4.	ZIP 33172
NAME		
ADDRESS		
CITY	STATE	ZIP
ADDRESS 8900 NKL 85121300	STATE FL	ZIP33172
ADDRESS 8900 KIN 851 #	310	
CITY MIAMI	STATE 7.	ZIP33172
NAME		
ADDRESS		
CITY	STATE	ZIP
IN WITNESS WHEREOF, the undersigned subscriber(s) day of	have executed these Articles of Incorporation	on this <b>EVENTH</b> (Seal)(Seal)
		(Seal)

## CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

CERTIFICATE OF REGISTERED AGENT OF

The FLOWER SALAT Corp.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

has named AVMA KOZARCGICU

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

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