P99000061640 TRANSMITTAL LETTER

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

700002923487--2 -07/06/99--01077--008 ******78 50 ******78.50

SUBJECT:	Flowers By Pa	atricia Inc.	
		ate name - must include suffix)	
Enclosed is an origi	nal and one (1) copy of th	e articles of incorporation and a c	check for :
			 ·
	78.50	\$122.50	
1 11	ling Fee & Certificate	Filing Fee & Certified	Сору
			75 9 T
			FG 9
FRO	OM:	RANIA ABBOUD	ACT -
,		Name	- S - O
			The B
		620 S. MACDILL AVE	FES
		Street Address	55
	-	TAMBA ELOPEDA 22/00	P
		TAMPA FLORIDA 33609 City, State & zip	
		Ony, blate & Zip	
		(813) 877 - 7770	
		Daytime Phone Number	

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

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:

Flowers By Patricia Inc.

ARTICLE II PRINCIPAL OFFICE

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

620 S. MACDILL AVE TAMPA FLORIDA 33609

ARTICLE III SHARES

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

(100) one hundred shares of one dollar (\$1.00) par value common stock, which shall be designated "COMMON STOCK".

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

RANIA ABBOUD 620 S. MACDILL AVE TAMPA FLORIDA 33609

ARTICLE V INCORPORATOR(S)

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

Stockholder %		
<i>50</i> %	RANIA ABBOUD	President
	620 S. MACDILL AVE	
	TAMPA FLORIDA 33609	
<i>50</i> %	CATHERINE HADDAD	Vice Pres.
	620 S. MACDILL AVE	
	TAMPA FLORIDA 33609	

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this

28 TH day of ______1999

Signature

Signature

Signature

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, 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: Flowers By Patricia	a Inc.		
2.	The name and address of the registered agent and office is:	99 JUL -6 F SECRETARY TALLAHASSET		
	RANIA ABBOUD	_TG-3	3 2 1	
	(Name)	9: 50 STATE LORID,		
	620 S. MACDILL AVE			-
	(P.O.BOX "not" accepted)		•	
	TAMPA FLORIDA 33609			
	(City/State/Zip)	- ,		

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in the 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.

JUNE 28, 1999

Signature

Date