

P20000008746
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000032944 3)))



H200000329443ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (718)889-7420

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED
2020 JAN 31 AM 11:41
CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
3 FLOWERS IN BLOOM INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

Handwritten signature and date: 2/3/2020

2020-01-31 10:28 CST
030-017-0301

1/31/2020 11:02:02 AM PAGE 1/001 FAX 061801

+17166897420



January 31, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BLUMBERG

SUBJECT: 3 FLOWERS IN BLOOM INC.
REF: W20000010115

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name on cover letter and article 1 not the same.,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000032944
Letter Number: 220A00002310

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME 3 FLOWERS IN BLOOM INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:

7333 MARBELLA ECHO DRIVE 7333 MARBELLA ECHO DRIVE

DELRAY BEACH, FL 33446 DELRAY BEACH, FL 33446

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
To conduct all activities set forth and permitted under and Florida corporation law

ARTICLE IV SHARES 200
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: NAIDA ROTTER - DIRECTOR Name and Title: _____
Address 7333 MARBELLA ECHO DRIVE Address: _____
DELRAY BEACH, FL 33446 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NAIDA ROTTER

Address: 7333 MARBELLA ECHO DRIVE

DELRAY BEACH, FL 33446

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NAIDA ROTTER

Address: 7333 MARBELLA ECHO DRIVE

DELRAY BEACH, FL 33446

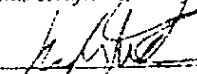
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

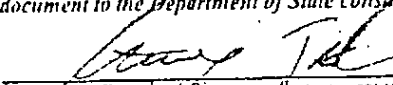


Required Signature/Registered Agent:

01/24/200

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

01/24/2020

Date

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: IM ENTERPRISES CORP

DOCUMENT NUMBER: P19000036168

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

MIGUEL A JAUREGUI

Name of Contact Person

IM ENTERPRISES CORP

Firm/ Company

1050 NW 134TH AVE

Address

MIAMI, FL 33182

City/ State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information, concerning this matter, please call:

MIGUEL A JAUREGUI

Name of Contact Person

at (786) 506-4167

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment
to
Articles of Incorporation
of

IM ENTERPRISES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P19000036168

(Document Number of Corporation (if known))

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co." A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

N/A

*(Principal office address **MUST BE A STREET ADDRESS**)*

C. Enter new mailing address, if applicable:

N/A

*(Mailing address **MAY BE A POST OFFICE BOX**)*

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent N/A

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

Change PT John Doe

Remove V Mike Jones

Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>S</u>	<u>MARCELINO RODRIGUEZ</u>	<u>10736 SW 2ND ST APT 3</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33174</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>S</u>	<u>JULIO A. MARZO ROSA</u>	<u>2920 NW 161ST ST</u>
<input checked="" type="checkbox"/> Add			<u>OPA LOCKA, FL 33054</u>
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

(Attach additional sheets, if necessary). (Be specific)

ONLY REMOVING MARCELINO RODRIGUEZ AND ADDING NEW SEC JUIO A MARZO ROSA.

PRESIDENT STAYS THE SAME

THE OTHER SEC - STAYS THE SAME- JORGE LEE

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:
(if not applicable, indicate N/A)

N/A

The date of each amendment(s) adoption: 1-31-2020, if other than the date this document was signed.

Effective date if applicable: 1-31-2020
(no more than 90 days after amendment file date)

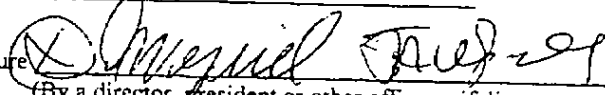
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) (CHECK ONE)

- The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
- The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):

"The number of votes cast for the amendment(s) was/were sufficient for approval
by _____"
(voting group)

Dated 1-31-2020

Signature 

(By a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

MIGUEL JAURESUT
(Typed or printed name of person signing)

president
(Title of person signing)