



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/03/2013	201315400340	DOMESTIC ARTICLES/FOR PROFIT (ARF)	125.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

FUSCO, MACKEY, MACKEY, MATHEWS & GILL LLP
655 COOPER ROAD
WESTERVILLE, OH 43081

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**2204027**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

VILLAGER FLOWERS AND GIFTS, INC.

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

DOMESTIC ARTICLES/FOR PROFIT**201315400340****Effective Date: 05/31/2013**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of
the Secretary of State at Columbus,
Ohio this 3rd day of June, A.D.
2013.

Ohio Secretary of State



Form 532A Prescribed by:

JON HUSTED
 Ohio Secretary of State

 Central Ohio: (614) 466-3910
 Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

 Regular Filing (non expedite)
 P.O. Box 670
 Columbus, OH 43216

 Expedite Filing (Two-business day processing
 time requires an additional \$100.00).
 P.O. Box 1390
 Columbus, OH 43216

Initial Articles of Incorporation

(For Profit, Domestic Corporation)

Filing Fee: \$125
(113 - ARF)

First: Name of Corporation
 (Name must include the following word or abbreviation: company, co., corporation, corp., incorporated, or inc.)

Second: Location of Principal office in Ohio

City State

County

Effective Date (Optional)
 mm/dd/yyyy (The legal existence of the corporation begins upon the filing of the articles or on a later date specified that is not more than ninety days after filing)

Third: The number of shares which the corporation is authorized to have outstanding.
 (Please state if shares are common or preferred and their par value, if any.)

100	common	none
Number of Shares	Type	Par Value

Fourth: If the corporation is to have an initial stated capital, please state the amount of that stated capital

Amount

****Note: ORC Chapter 1701 allows additional provisions to be included in the Articles of Incorporation that are filed with this office. If including any of these additional provisions, please do so by including them in an attachment to this form.****

 RECEIVED
 SECRETARY OF STATE
 2013 MAY 31 PM 3:32
 OHIO
 CLIENT SERVICE CENTER

Christy D. Boggs

Name _____

5278 West Broad Street

Mailing Address

Columbus

City

Ohio

State

43228

Zip Code

Must be signed by the
Incorporators or a
majority of the
incorporators

Signature Christy D. Boggs

Signature

Signature

ACCEPTANCE OF APPOINTMENT

The Undersigned,

Christy D. Boggs

Statutory Agent Name

named herein as the

Statutory agent for

Villager Flowers and Gifts, Inc.

Corporation Name

hereby acknowledges and accepts the appointment of statutory agent for said corporation.

Statutory Agent Signature

Christy D. Bogg

Individual Agent's Signature/Signature on Behalf of Corporate Agent

☐ If the agent is an individual and using a P.O. Box, check this box to confirm the agent is an Ohio resident.

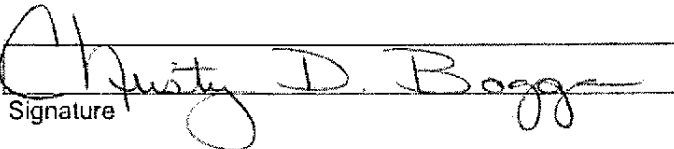
By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Articles and original appointment of agent must be signed by the incorporator(s).

If the incorporator is an individual, then they must sign in the "signature" box and print his/her name in the "Print Name" box.

If the incorporator is a business entity, not an individual, then please print the entity name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print his/her name and title/authority in the "Print Name" box.


Signature

By

Christy D. Boggs

Print Name

Signature

By

Print Name

Signature

By

Print Name



Form 590 Prescribed by:

JON HUSTED
 Ohio Secretary of State

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CLIENT SERVICE CENTER

Consent for Use of Similar Name

 (To be filed with new business formation document or amendment to
 change business name where a name conflict will occur.)

 Name of Entity/Individual Giving Consent **VILLAGER FLOWERS AND GIFTS / LINDA S. SCOTT**

 Charter/Registration/License Number of Entity giving Consent **1920864**

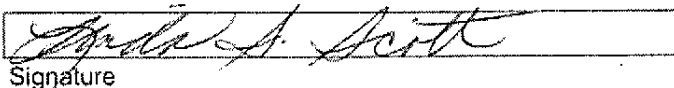
 Gives it Consent To **CHRISTY D. BOGGS**

 To Use The Name **VILLAGER FLOWERS AND GIFTS, INC.**

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

 Consent form must
 be signed by an authorized
 representative of the
 consenting entity.


 Signature

 If authorized representative
 is an individual, then they
 must sign in the "signature"
 box and print their name
 in the "Print Name" box.

By (if applicable)

LINDA S. SCOTT

Print Name

 If authorized representative
 is a business entity, not an
 individual, then please print
 the business name in the
 "signature" box, an
 authorized representative
 of the business entity
 must sign in the "By" box
 and print their name in the
 "Print Name" box.

Signature

By (if applicable)

Print Name