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ARTICLES OF INCORPORATION

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SERENDIPITY NURSERY, INC.

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 1 NAME

The name of the corporation shall be SERENDIPITY NURSERY, INC.

ARTICLE IL PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

5121 Bowden Rd., Suite 304 Jacksonville, Florida 32216

ARTICLE III_CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 5,000 shares. The shareholders are authorized to issue "Section 1244" stock as defined by Section 1244 of the Internal Revenue Code.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Linda D. Smoak 5121 Bowden Rd., Suite 304 Jacksonville, FL 32216

ARTICLE V. INCORPORATORS

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

Linda D. Smoak 5121 Bowden Rd., Suite 304 Jacksonville, FL 32216

ARTICLE VI AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved at a stockholders meeting by a majority of the stock entitled to vote thereon, unless all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

The undersigned has(have) executed these Articles of Incorporation this 13th day of August, 1996.

Smook, President

Signature/Title

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/agent in the state of Florida.

1.	The name of the cornoration is:	SERENDIPITY NURSERY, INC.
7.1	THE HAME OF THE COLDOLARION IS.	BEKENDIKI I NUKSEKI. INC.

2.	The name and	i add	fress of	the	registered	agent	and	office i	is;
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Linda D. Smoak
5121 Bowden Road, Suite 304
JACKSONVILLE, FLORIDA, 32216

SIGNATURE Linda D. Sonoak
TITLE President
DATE 8/13/96

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 ACCEPTATHE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE Linda D. Soroak
DATE 8/13/96

SECRETARY OF STATE
ALLAHASSEE, FL/910A

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