

P99000096537

TRANSMITTAL LETTER

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

800003030379--7
-11/01/99-01071-005
*****78.75 *****78.75

SUBJECT:

FABY NURSERY & LAWN INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00
Filing Fee

\$78.75
Filing Fee
& Certificate of Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

FABIOLA GARCIA
Name (Printed or typed)

1091 PERIWINKLE PL
Address

WELLINGTON, FL 33414
City, State & Zip

561-790-7723
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 NOV - 1 AM 8:34

FILED

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

REGISTER NOV 3 1999

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

FABY NURSE RY & LAWN INC

ARTICLE II PRINCIPAL OFFICE

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

**1291 PERIWINKLE PL
WELLINGTON, FL 33414**

ARTICLE III SHARES

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

1000 -

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

**VICENTE H. AGUAS
293 CAPE COD CIRCLE
LAKE WORTH FL 33467**

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

**FABIOLA GARCIA
1291 PERIWINKLE PL
WELLINGTON, FL 33414**

* Fabiola Garcia
Signature/Incorporator

10/28/99
Date

FILED
99 NOV - 1 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested.)

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 accept the obligations of my position as registered agent

[Signature]
Signature/Registered Agent

10/29/99
Date