

F 97000006794

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section  
Division of Corporations

SUBJECT: A TOUCH of CLASS PLANTSCAPES INC.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

GAYLE BARD

(Name of Person)

A Touch of Class Landscapes Inc

(Firm/Company)

2699 Irma Lake Dr

(Address)

West Palm Beach, Fla. 33411

(City/State/Zip)

Should you need to call someone concerning this matter, please call:

900002378629--7  
-12/22/97-01032-002  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Gayle Bard  
(Name of Person)

at (561) 478-0741  
(Area Code & Daytime Telephone Number)

9/12/23

COURIER ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. A TOUCH of CLASS PLANTSCAPES INC.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK  
(State or country under the law of which it is incorporated)

3. \_\_\_\_\_  
(FEI number, if applicable)

4. 1974  
(Date of incorporation)

5. N/A PERPETUAL  
(Duration: Year corp. will cease to exist or "perpetual")

6. Not yet  
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 2699 IRMA LAKE DR  
WEST PALM BEACH, FLA 33411

8. 365 DEER PARK RD. DIX HILLS, NY 11746  
(Current mailing address)

8. Landscape Design / Build  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name:

Gayle Baird

Office Address:

2699 Irma Lake Dr  
West Palm Beach, Florida, 33411  
(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Gayle Baird  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

~~PRES~~  
Chairman: Gayle Bard  
Address: 2699 Irma Lake Dr WPB FL 33411

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Gayle Bard  
Address: 2699 Irma Lake Dr 1  
WPB FL 33411

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

FILED  
97 DEC 22 AM 8:10  
TALLAHASSEE, FLORIDA

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

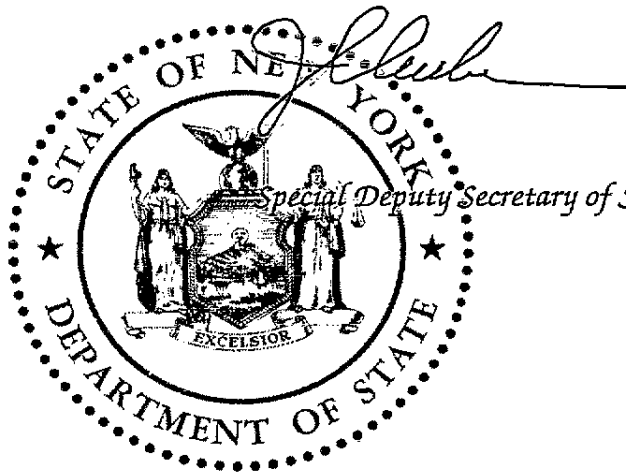
13. Gayle Bard  
~~PRES~~ (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)  
14. GAYLE BARD President  
(Typed or printed name and capacity of person signing application)

State of New York } ss:  
Department of State

I hereby certify, that the certificate of incorporation of A TOUCH OF CLASS PLANTSCAPES, INC. was filed on 04/06/1987, with perpetual duration, and that a diligent examination has been made of the index of corporation papers filed in this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

\*\*\*

Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 06th day of November  
one thousand nine hundred and  
ninety-seven.



Special Deputy Secretary of State

199711070028 44

FILED  
97 DEC 22 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA