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To:

Division of Corporations
Fax Number : (850) 922-4001

From:

Account Name : EAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT CORPORATION OR P.A.**DOLPHIN NURSERY, INC.**

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF
DOLPHIN NURSERY, INC.

The undersigned incorporator(s), for the purpose of the forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

DOLPHIN NURSERY, INC.

The principal place of business shall be: 14755 SW 264TH ST/HOMESTEAD, FL 33032

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the state of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 1,000 at \$1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and directors(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

WILLIAM E. DE-LA-CRUZ - DIRECTOR and PRESIDENT
14755 SW 264TH ST/ HOMESTEAD, FL 33032

Prepared By:

Lorex Accounting & Associates
5951 NW 151st Suite 104
Miami Lakes, Fl 33014
Phone# (305) 828-4040

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is (are):

**WILLIAM E. DE-LA-CRUZ
14755 SW 264TH ST
HOMESTEAD, FL 33032**

Signature(s) of Incorporator(s)

x William E. De la Cruz

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, Florida Statutes, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered, in the State of Florida.

1. The name of the corporation:

DOLPHIN NURSERY, INC.

2. The name and address of the registered agent and office is:

WILLIAM E. DE-LA-CRUZ

14755 SW 264TH ST

(P.O. Box not acceptable)

HOMESTEAD, FL 33032

(City/State/Zip)

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TALLAHASSEE, FLORIDA

SIGNATURE *William DeLaCruz*

TITLE PRESIDENT

DATE _____

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.