## POCEOS SAGO

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

SUBJECT:	APTISTIC CR (PROPOSED CORPORA)	FATONS NUR TE NAME - <u>MUST INCLU</u>	SERY AND DE SUFFIX)	LANDS CAPE
Enclosed is an origin	al and one(1) copy of the article		00003263 -05/22/00 *****70.05	-01150013
<b>∽</b> \$70.00	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status	
FROM:	Name (Pr	R. ERODIM inted or typed)	೧ ೨ ಽ	
	10435 A	52ND P	<u>r.</u> 5.	
	LAKE City, S	WORTH FC.	<u>3</u> 3467	The first design and the second
	Stol Daytime Tel	ephone number	SECRETARIL OF STATE TALLAHASSEE, FLORIDA	FILED FILED MID: 44

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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME The name of the corporation shall be:
APTISTIC CREATIONS NORSERY AND LANDSCAPE INC
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
10435 52 ND PL. S.  LAKE WORTH FL. 33467  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL PURPOSES
ARTICLE IV SHARES The number of shares of stock is:
500
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)  The name(s) and address(es):  LYLE ERONIMOUS  10435 52 ND PL. S.  LAKE WORTH FL. 33467 ESTATE  ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered agent is:
KYUE ERONIMOUS
10435 52 NO PL.S.
CAKE WORTH FL 33467
ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
KYLE ERONIMOUS
10435 52 ND PL. S.
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

Signature/Incorporator

 $\frac{5/17/30}{\text{Date}}$