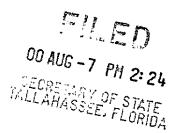
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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

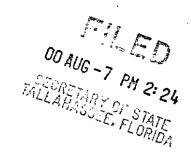
SUBJ	ECT: BOU	BOUGAINVILLEA NURSERY, INC					
	<del>,</del>	(Proposed corporate	name - must include su	ffix)			
Enclos for:	_	al and one (1) co	py of the articles o	f incorporation	and a check		
	\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	X \$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate			
			Additional Copy	<del>-</del>	]		
	FROM:	NICK	MANTECON ACCOU	NTING			
			Name (printed or typed)				
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		City, State & Zip					
		(305)	) 829-0309		and the second s		
		Daytime '	Telephone number				

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

#### ARTICLES OF INCORPORATION

OF

#### BOUGAINVILLEA NURSERY, INC



## ARTICLE I - NAME AND ADDRESS

NAME:

ADDRESS:

BOUGAINVILLEA NURSERY, INC

59 N.W. 10TH ST Miami, FL 33136-3508

#### ARTICLE II DURATION

This Corporation shall have perpetual existence comencing on the date this Articles of Incorporation are filed with the Florida Secretary of State.

#### ARTICLE III PURPOSE

The Corporation may engage in any activity or business permited under the laws of United States of America and of the State of Florida.

## ARTICLE IV CAPITAL STOCK

This Corporation is authorized to issue 500 shares of One (\$1.00) Dollar par value common stock, which shall be designated "Common Shares".

## ARTICLE V - INITIAL REGISTERED AGENT

The name and Street Address of the initial registered agent and Office of this Corporation is:

PAULO ESQUIJAROSA 19780 S.W. 177TH AVE #125 MIAMI, FL 33187

## BOUGAINVILLEA NURSERY; INC

## ARTICLE VI - INITIAL BOARD OF DIRECTORS AND OFFICERS

This Corporation shall have One (1) Director initially and one(1) Officers.

The number of Directors may be increased or diminished from time to time by the By-Laws but shall never be less than One(1)

The name and address of the initial Director and Officers

of this Corporation are:

NAME

ADDRESS

PAULO ESQUIJAROSA TITLES: Director/President Secretary/Treasurer 19780 S.W. 177TH AVE #125 Miami, F1 33187

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## ARTICLE VII - BY-LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder or Directors.

## ARTICLE VIII - INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extend permitted by Law.

## ARTICLE IX - PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he already holds, shall have the right to purchase his pro rate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offeres to others.

## ARTICLE X - INCORPORATOR

The names and the addresses of the persons signing these Articles are:

PAULO ESQUIJAROSA 19780 S.W. 177TH AVE #125 Miami, FL 33187

#### ARTICLE XI - AMENDMENT

This Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, in accordance with the provisions of Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation this 2nd day of August, 2000

Paulo Esquijarosa Incorporator

STATE OF FLORIDA )
COUNTY OF MIAMI -DADE

The foregoing instrument was acknowledge before me this ZND day of August , 2000 by

() personally known to me or who has produced as identification

IOTAR I I CNICK N. MANTECON
MY COMMISSION # CC 747632
EXTRES: 0607/2002

1-800-3-NOT 4RY Fig. Notary Services & Bonding Co

My Commision Expires:

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE LUNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1.	The name of the corporation is:	BOUGAINVILLEA NURSERY, INC			
2.	The name and address of the register	ered agent and office is:			and the second of
	PAULO	ESQUIJAROSA (NAME)		 -	
		S.W. 177TH AVE #125 or Mail Drop Box NOT ACCEPTABLE	<del></del>	<u>.</u>	
		MI, FL 33187 (CITY/STATE/ZIP)	···		• и

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)

(DATÉ)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314