

P0000086392

TRANSMITTAL LETTER

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

SUBJECT: SPARROW'S NURSERY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003388007--4

-09/11/00--01081--017

*****78.75 *****78.75

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: MARIA. HUGH.
Name/(Printed or typed)

10802 S.W. 142 ST.
Address

MIAMI FL 33186.
City, State & Zip

305. 387 - 5335
Daytime Telephone number

FILED
00 SEP 11 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

T BROWN SEP 13 2000

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:

SPARROWS NURSERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10802 SW 142CT MIAMI
FL 33186

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLESALE NURSERY.

ARTICLE IV SHARES

The number of shares of stock is:

100.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

MARIA. HUGH.
10802 SW 142CT MIAMI FL 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

NORMAN HUGH.
14917 SW 104ST - 1922 MIAMI FL 33196

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

Date

Date

FILED
00 SEP 11 AM 8:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA