

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone : (305)541-3694

Fax Number : (305)541-3770

FLORIDA PROFIT CORPORATION OR P.A.

ANITA'S GARDEN SHOP, INC.

Certificate of Status	<u> </u>
Certified Copy	Ō
Page Count	04
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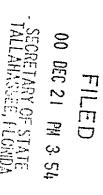
ARTICLES OF INCORPORATION OF

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I

The name of the corporation shall be:

Anita's Garden Shop, Inc.



ARTICLE II

The principal place of business and mailing address of this corporation shall be:

3637 St. Johns Avenue Jacksonville, FL 32205

ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

____1500_____ shares of Common Stock at___-10__ Par Value

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ARTICLE IV

The name and address of the initial agent is:

Anita Miller 2935 Yale Avenue Jacksonville, FL 32210

ARTICLE V

The name and address of the Incorporator to these Articles of Incorporation is:

Anita Miller 2935 Yale Avenue Jacksonville, FL 32210

The undersigned has executed these Articles of Incorporation this 20th_ day of December, 2000.

Signature

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Fursuant to the provisions of section 607.0501, Florida Statutes, the undersigned 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:

Anita's Garden Shop, Inc.

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

> Anita Miller 2935 Yale Avenue Jacksonville, FL 32210

SIGNATURE - Quito & Mille

Title presiden

ec. 2/0t, 2000

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.

DATE LOOR H. 2000