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Florida Department of State
Division of Corporations
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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)634-3694
Fax Number : (305)633-9696

FLORIDA PROFIT CORPORATION OR P.A.

PERFECT PALMS, INC.

FILED
01 APR -6 PM 1:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Status	0
Certified Copy	1
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B. McKnight APR 06 2001

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TALLAHASSEE, FLORIDA

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:

Perfect Palms, Inc.

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailing address is:

2400 NE 10Th Ct. #16
Pompano Beach, FL. 33062

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:

To offer the service of Palm Tree Nutrition

ARTICLE IV SHARES
The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)
The name(s) and address(es):

Robert W. Avon
2400 NE 10Th Ct. #16
Pompano Bch, FL. 33062

Thomas J. Geiger, Jr.
2400 NE 10Th Ct. #16
Pompano Beach, FL. 33062

ARTICLE VI REGISTERED AGENT
The **name and Florida street address** of the registered agent is:

Robert W. Avon
2400 NE 24Th Ct. #16
Pompano Beach, FL. 33062

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:

Robert W. Avon
2400 NE 24Th Ct. #16
Pompano Beach, FL. 33062

****

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

R. W. A — 4-6-01
Signature/Registered Agent — Date

R. W. A — 4-6-01
Signature/Incorporator — Date

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