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

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(((H01000036729 1)))

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To:

Division of Corporations

Fax Number : (850)205-0381

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.

STRAWBERRIES OF BROWARD COUNTY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	/ 02)
Estimated Charge	\$78.75

B. McKnight APR 1 1 2001

ARTICLES OF INCORPORATION H 01000036729

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

the name of the corporation shall be:	
STRAWBERRIES OF BRO	WARD COUNTY, INC
ARTICLE II PRINCIPAL OFFICE	SEC TALL
The principal place of business and mailing address of this corpor	
451 NORTH STATE ROAD PLANTATION, FLORIDA 3331 ARTICLE III SHARES	7 HASS
ARTICLE III SHARES	no have outstanding at any one times:
The number of shares of stock that this corporation is authorized t	o have outstanding at any one times: 5
The number of shares of stock that this corporation is authorized to	ATE ORIDA
ARTICLE IV INITIAL REGISTERED AGENT AND	STREET ADDRESS
The name and Florida street address of the initial registered agent	are:
GEORGE (AMPISELL	7271
451 MORTH STATE ROAD > , PL	ANTATION, FLORIOT 5331/
ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of In	
George Campbell 451 N. State Rd. 7, Plan	tation Florida 33317
TOTIVE SEQUE RAILITY TOTAL	ω_{q}/ω_{1} , $=$
Coope Carphell	4/10/01
Signature/Incorporator	Date

(An additional article must be added if an effective date is requested.)

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 pegistered agent f

Signature/Registered Agent

Date

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