# P8/8481811814863/

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

SUBJECT: PA	RKLAND NUR				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		-
Enclosed is an origin	ol and ana(1) come of the cut 1		30000419: -05/10/01- *****87.5	3673 -01096006 0 *****87.	
Enclosed is all origina	al and one(1) copy of the article	es of incorporation and a	a check for :	•	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: WARREN D. GOFF.  Name (Printed or typed)					
6680 NW BIST TERR			ASSET OF	要う	
	PARKLANO, FO	33067		9.07	_
	954-484-54	*			

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

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# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

### NAMEARTICLE I

The name of the corporation shall be:

PARKLAND NURSERY INC.

### <u>ARTICLE II</u> PRINCIPAL OFFICE

The principal place of business/mailing address is:

6680 NW BIST TERR

PARKLAND, FL 33067

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

WHOLE SALE - NURSERY

### <u>ARTICLE</u> IV SHARES

The number of shares of stock is:

1,000

# ARTICLE V INITIAL OFFICERS DIRECTORS (optional)

The name(s) and address(es):

WARREN D GOFF

ANDREA

## ARTICLE VI REGISTERED AGENT

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

WARREN W D COSSE

6680 NW SIST TERR

PARKLAND, FL. 33067.

# ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WARREN D. GOFF.

6680 NW SIST TERR

PARKLAND

Having been named as registered agento accept service of process for the above stated corporation at the place designated in this

certificate, I am familiar with and agree the appointment as registered agent and agree to act in this capacity

Signature/Registered Ager

Signature/Incorperator