TRANSMITTAL LETTER

Po100001426

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

| Tallahassee, FL*32314 | | 0000045422508 -08/20/0101088006 *****70.00 *****70.00 | | |
|---|--|---|--|-------------|
| SUBJECT: | Summerhouse (PROPOSED CORPORA | Fardeu, Inclute Name - MUST INCL | LUDE SUFFIX) | |
| Enclosed is an origin | nal and one(1) copy of the artic | les 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 | |
| | l'alada Di | ADDITIONAL CO | OPY REQUIRED | |
| FROM | E. Kimberly Dob. Name (| Printed or typed) 92 Address | SECRETARY OF STATE TALLAHASSEE, FLORID | |
| | Plant City (813) 754 | F1. 33564 y, State & Zip -9422 Telephone number | F STATE FLORIDA | 5 0 |
| THORIZATION BY PHON RRECT SLOCES TE 9-18-01 C. EXAM OL | GAVE | 2 S | • | ~ (6) |
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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) | | |
|--|---|--|
| ARTICLE I NAME The name of the corporation shall be: Summerhouse Garden, Inc. | · | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. Box 1492 Plant City, F1. 33564 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To establish abusiness in Florida | | FILED OI AUG 20 PM 2: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| ARTICLE IV SHARES The number of shares of stock is: One | | |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Kimberly Dobberstein, President | | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Kimberly Dobbers-lein 6728 Varn Rd. Plant City, F1. 33565 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Kimberly Dobbers-lein | | |
| 6728 Varn Rd. Plant City, Fl. 33565 | | ************************************** |
| Signature/Incorporator | | |