# TRANSMITTAL LETTER

Department of State Division of Corporat P. O. Box 6327	tions SECRETAR TALLAHASS	Y OF STATE SEE, FLORIDA	
Tallahassee, FL 323 SUBJECT:		31 Ca-So Vulse- rate name - must include su	0000502598 -02/28/0201030 ******78.75 *** Y Zac
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a	check for:
☐ \$70.00 Filing Fee	S78.75 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:	Justo Chame (Pr	DAL HORSO	
		シフォック ddress	
	<u> </u>	33/ State & Zip	<u> </u>
	<i>(</i> )	_	

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

# ARTICLES OF INCORPORATION

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

# ARTICLE I : NAME

The name of the corporation shall be:

ALFONSO & ALFONSO NURSERY, INC

# ARTICLE II: PRINCIPAL OFFICE

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

13740 SW 73 ST MIAMI, FL 33183

# **ARTICLE III: SHARES**

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

100 SHARES

# ARTICLE IV: INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

JUSTO O ALFONSO 13740 SW 73 ST MIAMI, FL 33183

### ARTICLE V: INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

JUSTO O ALFONSO 13740 SW 73 ST MIAMI, FL 33183 (PRESIDENT)

AMANDA TAMAYO (VICE-PRESIDENT)

13740 SW 73 ST MIAMI, FL 33183

02/25/02

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 registered agent.

Signature/Registered Agent

02/25/02

Date

WHEANO G. MARTINEZ

MY COMMISSION # DD 067058

EXPIRES: January 14, 2006

Bonded Thru Budget Notary Services

URBANO G. MARTINEZ MY COMMISSION # DD 067058 EXPIRES: January 14, 2006 Bonded Thru Budget Notery Services

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SECRETARY OF STATE
TALLANASSEE, FLORID