

June 13, 2002

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. 6327
409 E. Gaines St.
Tallahassee, FL 32314

SUBJECT: HEADHUNTER NURSERY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee
& Certified Copy Certified Copy
 & Certificate of
 Status

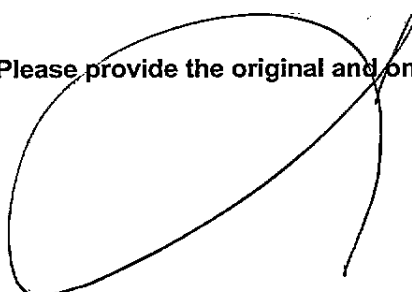
ADDITIONAL COPY REQUIRED

FROM: MERRILL A. BOOKSTEIN, COUNSELOR AT LAW, P.A.
Name (Printed or typed)
2499 Glades Road, Suite 308
Address
Boca Raton, Florida 33431
City, State & Zip
(561) 361-9454
Daytime Telephone number

FILED
02 JUN 14 PM 4:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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*****87.50 *****87.50

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


6/18

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:

HEADHUNTER NURSERY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2315 N. Seacrest Circle
Delray Beach, Florida 33444

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all activities which are lawful under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 Shares at \$1.00 Par Value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Richard Thier - Director/President
Gary Doyle - Vice-President/Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

Merrill A. Bookstein, Counselor at Law, P.A.
2499 Glades Road, Suite 308
Boca Raton, Florida 33431

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Merrill A. Bookstein, Counselor at Law, P.A.
2499 Glades Road, Suite 308
Boca Raton, Florida 33431

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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TALLAHASSEE FLORIDA