

**P02000083091**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0381

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**FLORIDA PROFIT CORPORATION OR P.A.**  
**ORCHID EDEN INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
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5-1-02  
WC

**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:

*Orchid Eden Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*1551 Flamingo Ct  
Homestead, FL 33035*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*To Sell wholesale and retail Orchids and Tropical  
Rare and unusual plants, landscape plants &  
garden supplies.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1000*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

*Ellen Jones, Director, President  
PO Box 900625  
Homestead, FL 33090*

**ARTICLE VI REGISTERED AGENT**

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

*Ellen Jones  
1551 Flamingo Ct  
Homestead, FL 33035*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Ellen Jones  
PO Box 900625  
Homestead, FL 33090*

\*\*\*\*\*

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

*Ellen Jones*  
\_\_\_\_\_  
Signature/Registered Agent

*7/31/02*  
\_\_\_\_\_  
Date

*Ellen Jones*  
\_\_\_\_\_  
Signature/Incorporator

*7/31/02*  
\_\_\_\_\_  
Date

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