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## 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

# FLORIDA PROFIT CORPORATION OR P.A.

NEW LINE PALM NURSERY & LANDSCAPING CORP.

D. WHITE AUG -6 2002

FILED

#### ARTICLE OF INCORPORATION

02 AUG -5 AM 8: 40

<u>of</u>

SECRETARY OF STATE CORPALL AHASSEE FLORIDA NEW LINE PALM NURSERY & LANDSCAPING

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be: NEW LINE PALM NURSERY & LANDSCAPING CORP.

The principal place of business of this corporation shall be: 13290 NW. 182 ST. Miami, Fl. 33015

#### ARTICLE II MATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business parmitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CADITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

### ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

LAZARO J. BETANCOURT 18277 NW. 61 PL, MIAMI, FL. 33015

DIRECTOR

# ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

LAZARO J. BETANÇOURT 18277 NW. 61 PL. MIAMI.PL. 33015

PRESIDENT, SECRETARY & TREASURER
100 shares

The undersigned has(have) executed these Article of Incorporation this \_\_5 th\_day of August \_\_\_\_\_,200\_2\_\_.

Signature/Title

Signature/Title

Signature/Title

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SECRETARY OF STATE TALLAHASSEE FLORIDA

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

T. 1740 HG	mis or the corporation is:
	NEW LINE PALM NURSERY & LANDSCAPING CORP.
2. The na	me and address of the registered agent and office
is	LAZARO J. BETANCOURT
	(Name)
	18277 NW. 61 PL.
<u> </u>	(F. O. BOX NOT ACCEPTABLE)
	MIAHI, FLORIDA 33015
	(CITY/STATE/ZIP)
of Process As Registed Ther Agree Relating To And I Am Pa	N NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE FOR THE ABOVE STATED CORPORATION AT THE PLACE DES RED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FU TO COMPLY WITH THE PROVISIONS OF ALL STATUTES O THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY S MY POSITION AS REGISTERED AGENT.
•	SIGNATURE
	DATE8-5-2002