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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.

GREEN ZONE NURSERY & LANDSCAPING, INC.

Certificate of Status	0
Certified Copy	1
Page Count	000
<b>1</b>	03
Estimated Charge	\$78.75
Estimated Charge	\$78.75

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August 8, 2002

FAS-T

SUBJECT: GREEN ZONE NURSERY & LANDSCAPING, INC.

REF: W02000022899

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

If you have any further questions concerning your document, please call (850) 245-6067.

Neysa Culligan Document Specialist New Filing Section

FAX Aud. #: H02000177822 Letter Number: 502A00047294

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## ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

GREEN ZONE NURSERY & LANDSCAPING , INC.

ARTICLE II PRINCIPAL OFFICE

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

21100 SW 198 AVENUE MIAMI, FL 33187

The mailing address of this corporation shall be:

13392 NW 7 TERRACE MIAMI , FL. 33182

ARTICLE III SHARES

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

ONE HUNDRED SHARES ONE DOLLAR PAR VALUE

Prepared by: Pedro M. Ramos, CPA 594 East 9 Street #A Hialeah, FL 33010 (305) 885-9435

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

PEDRO E. VILA

13392 NW 7 TERRACE

MIAMI, FL 33183

ARTICLE V INCORPORATOR(S) See instructions for officers / directors

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

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this STA day of AUGUST 2002.

Signature

Signature

Signature

Notarization is not required NOTE: Affixing an officer title after a signature of an

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incorporator does not constitute the designation of officers.

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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.

1. The name of the corporation is:

GREEN ZONE NURSERY & LANDSCAPING , INC.

2. The name and address of the registered agent and office is:

PEDRO E. VILA

13392 NW 7 TERRACE

(P.O. Box or Mail Drop NOT acceptable)

MIAMI , FL. 33182

#### (City / State / Zip)

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 approaches the obligations of my position as registered agent.

AUGUȘT 5, 2002

(Signature)

(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314