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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:		ARMS NO	<u></u>	
	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:	
\$70.00	\$78.75	\$78.75	□ \$87.50	
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	LYNN M. B.	ARRETT ME	NA	
	Name ((Printed or typed)		
1141 N.W. 193 AVENUE				
-	PEMBROKE	E PINES, F	-L 33029	
		•		
	(954) 3	51-3657)		

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME

The name of the corporation shall be:

LYNDEL FARMS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1141 N.W. 193 AVE PENBROKE PINES, FL 33020

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: BUYING, SELLING, GROWING VARIOUS TYPES OF PLANTS, TREES, ETC.

ARTICLE IV

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

LYNN M. BARRETT- MENA, PRESIDENT EDEL L. MENA, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

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

LYNN M. BARRETT-MENA PEMBROKE PINES, PL 33629

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN M BARRETT MENA 1141 NW 193 NC PEMBROKE PINES, FL 33029

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity