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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP		MAIL
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(Dor	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		



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TRANSMITTAL LETTER

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

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

S70.00 Filing Fee

S78.75Filing Fee& Certificate of Status

\$78.75	\$87.50	
Filing Fee	Filing Fee,	
& Certified Copy	Certified Copy	
	& Certificate of	
	Status	
ADDITIONAL COPY REQUIRED		

FROM: John G. Bauer	· ,	en e
Name (Printed or typed)	-	
4001 South Moon Drive		
Address		
Venice, FL 34292 =		
	a de la composición d	· ·
City, State & Zip		
(941) 485-7675	•,	
Daytime Telephone number		

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

ARTICLES OF INCORPORATION

OF

RIVER GLEN NURSERY, INC.

The undersigned, acting as Incorporator, of a corporation under the Florida General Corporation Act, adopt the following Articles of Incorporation for such corporation:

- 1. The name of the corporation is RIVER GLEN NURSERY, INC.
- 2. The period of its duration is perpetual.
- The purpose is to engage in any activities or business permitted under the laws of the United States and the State of Florida.
- 4. The corporation shall have authority to issue 100 shares of stock, all of one class, each with a par value of \$1.00.
- 5. The address of the initial registered agent's office is 4001 South Moon Drive, Venice, FL 34292 and the name of the initial registered agent at said address is JOHN G. BAUER.
- 6. The principal office of the corporation is 4001 South Moon Drive, Venice, FL 34292
- 7. The number of Directors constituting its initial Board of Directors is (2) whose names and addresses are as follows:

Name:	-1977 W.	Address:
John G. Bauer	4001 South Moon Drive,	Venice, FL 34292
Raymond Haddad	1690 Carrollwood Drive,	Sarasota, FL 34232

8. The name and address of the Incorporator is:

<u>Name:</u>

Address:

COMMISSION NO. CC952751

COMMISSION FXP. ILLY 15.200

SECRETARY OF STATE ALLAHASSEE, FLORIDA

John G. Bauer

2-7-03

4001 South Moon Drive, Venice, FL 34292

Dated:

×.

February 7, 2003

I hereby accept the appointment as registered agent and agree to act in that capacity.

John G. Bauer, Incorporator/Registered Agent

BEFORE ME, the undersigned authority, personally appeared JOHN G. BAUER, known by me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that he executed said instrument for the purposes expressed therein.

Dated:

My Commission Expires: OFFICIAL NOTARY SEAL JEANNE C HICKEY NOTARY PUBLIC STATE OF FLORIDA