

PO3000051720

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H03000190918 0)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0381

From:

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

FLORIDA PROFIT CORPORATION OR P.A.
ROMEU NURSERY CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY -9 PM 4:23

FILED

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

MAY 09 2003

ARTICLES OF INCORPORATION
OF
ROMEU NURSERY CORP.

ARTICLE I NAME

The name of this Corporation is ROMEU NURSERY CORP.

ARTICLE II DURATION

This Corporation shall have a perpetual existence commencing on the Date of Filing.

ARTICLE III PURPOSE

This Corporation may engage in any activity of business permitted under the laws of the United States of Florida.-

ARTICLE IV CAPITAL STOCK

This Corporation is authorized to issue (FIVE HUNDRED) 500 shares of One Dollar (\$1.00) par value common stock, which shall be designated "Common Shares"

ARTICLE V INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the initial registered office of this Corporation is ROMEU NURSERY CORP, 25045 S W 194 AVE, HOMESTEAD FL 33031. The principal place of business of the Corporation shall be 25045 S W 194 AVE, HOMESTEAD FLORIDA 33031.

PREPARED BY:
MARGIE CARABALLO
CARZA CORP.
15 S KROME AVE
HOMESTEAD FL 33030
PH (305)248-7878 FAX (305)245-8894

03 MAY -9 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VI INITIAL BOARD OF DIRECTORS

This Corporation shall have Three (3) Directors initially. The number of Directors may be increased or decreased from time to time by the By-Laws, but shall never be less than Three (3). The names and address of the initial are:

NAME	ADDRESS
FELIX ROMEU	25045 S W 194 AVE Homestead FL 33031
NELLE ROMEU	25045 S W 194 AVE Homestead FL 33031
JOSE LUIS CASARRIEGO	29893 S W 158 CT Homestead FL 33033

ARTICLES VII LAWS

The By-Laws of this Corporation may be adopted, altered, amended or repealed by either the Stockholder (s) or Director (s).

ARTICLES VIII INDEMNIFICATION

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE IX PREEMPTIVE RIGHTS

Every Stockholder, upon the sale for cash of any new stock of this Corporation of the same kind, class or series as that which he/she already holds, shall have the right to purchase his/her prorate share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

H03000190918 0

ARTICLE X INCORPORATOR

The person signing these articles is NELLE ROMBU; her address is 25045
S W 194 AVE, HOMESTEAD FL 33031.

ARTICLE XI AMENDMENT

This Corporation reserves the right to named or repeal any provisions
contained in these Articles of Incorporation, in accordance with the
provisions of the Florida General Corporation Act.

IN WITNESS WHEREOF, the undersigned has executed these Articles of
Incorporation, this 09 day of MAY of 2003.-



NELLE ROMEU
PRESIDENT AND OWNER

H03000190918 0

**CERTIFICATE OF DESIGNATION
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 officer/registered agent, in the State of Florida.

First that ROMEU NURSERY CORP. desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Incorporation has named NELLE ROMEU located at 25045 S W 194 AVE, HOMESTEAD FL 33031 State of Florida, as its agent to accept service of process within this state.

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 AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Dated this MAY 09 OF 2003-


NELLE ROMEU
Registered Agent.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAY -9 PM 4:23

FILED