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(Re	equestor's Name)			
(Address)				
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(Document Number)				
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CB 6-19-3

## TRANSMITTAL LETTER

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

SUBJECT: LOS PINOS NURSERY CORP  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)					
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status		
FROM:		CARCIA (Printed or typed)			
		213 AVE Address	<del></del>	<u> </u>	
	HOMESTEAD City,	FLORIDA 33034 State & Zip			
,	(305) 349 Daytime T	-1100 elephone number	· .	, <b>x</b>	

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



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

June 11, 2003

MAGALY GARCIA 34600 SW 213 AVE HOMESTEAD, FL 33034

SUBJECT: LOS PINOS NURSERY CORP

Ref. Number: W03000016725

We have received your document for LOS PINOS NURSERY CORP and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6925.

Cynthia Blalock Document Specialist New Filings Section

Letter Number: 003A00036338

#### ARTICLES OF INCORPORATION

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

#### ARTICLE I NAME

The name of the corporation shall be:

LOS PINOS NURSERY CORP

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SECRLANDO STATE
TALLAHASSEE, FLORIDA

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

34600 SW 213 AVE HOMESTEAD FLORIDA 33034

#### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of wholesale and retail salesof plants or activity permitted under the laws of the United States of America and the State of F

#### ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue a maximum of Five Hundred (500) shares of stock The shares of stocks authorized shall have a value of One (1) Dolla per share.

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

JORGE L GARCIA / PRESIDENT 34600 SW 213 AVE HOMESTEAD FLORIDA 33034
MAGALY GARCIA / VICE PRESIDENT 34600 SW 213 AVE HOMESTEAD FLORIDA 33034
VICTOR M GARCIA / VICE PRESIDENT 34600 SW 213 AVE HOMESTEAD FLORIDA 33034
MARISOL GARCIA / SECRETARY 34600 SW 213 AVE HOMESTEAD FLORIDA 33034

#### ARTICLE VI REGISTERED AGENT

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

MAGALY GARCIA

34600 SW 213 AVE HOMSTEAD FLORIDA 33014

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LOS PINOS

34600 SW 213 AVE

HOMESTEAD FLORIDA 33034

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

Mignature/Registered Agent

Date

Signature/Incorporator Date