

P03000068218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

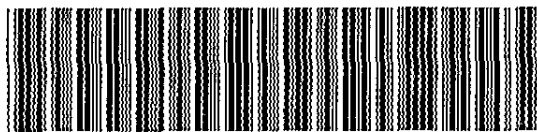
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*[Handwritten Signature]*  
Office Use Only



800020784108

06/19/03--01033--022 \*\*78.75

RECEIVED  
03 JUN 19 AM 11:10  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 19 PM 12:51

OFFICE USE ONLY(DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

**3320 S.W. 87 AVENUE**

**MIAMI, FLORIDA (305)552-5973**

**TERESA ROMAN ( TALLAHASSEE REPRESENTATIVE)**

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

- 1. LAURORA NURSERY CORP.  
(Corporation Name) (Document #)
- 2. \_\_\_\_\_  
(Corporation Name) (Document #)
- 3. \_\_\_\_\_  
(Corporation Name) (Document #)
- 4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in     Pick up time 2:00     Certified Copy
- Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**  
**OF**  
**LAURORA NURSERY CORP.**

We, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

**ARTICLE I : NAME**

The name of the corporation shall be:

**LAURORA NURSERY CORP.**

**ARTICLE II : PURPOSE**

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

**ARTICLE III: CAPITAL STOCK**

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

**ARTICLE IV : INITIAL CAPITAL**

The amount of capital with which corporation shall begin business shall be \$ 600.00

**ARTICLE V : CORPORATE EXISTENCE**

The corporation shall exist perpetually unless dissolved according to law.

**ARTICLE VI : POST OFFICE ADDRESS**

The post office address of the principal office of this corporation shall be :  
12195 NW 99 Avenue Hialeah Gardens, Florida 33016  
with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

**ARTICLE VIII : NUMBER OF DIRECTORS**

The business of this corporation shall be conducted by a Board of Directors consisting initially of three directors.

The numbers of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 19 PM 12:51

ARTICLE VIII: INITIAL DIRECTORS

Salomon Haddad	9875 SW 34 Terrace Miami, Florida 33165
Antonio Martinez	16540 SW 157 Avenue Miami, Florida 33187
Marisela Haddad	9875 SW 34 Terrace Miami, Florida 33165

ARTICLE IX: OFFICERS

Salomon Haddad, President  
Antonio Martinez, Secretary / Treasurer  
Marisela Haddad, Director

ARTICLE X: SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

<u>N A M E</u>	<u>A D D R E S S</u>
Salomon Haddad	9875 SW 34 Terrace Miami, Florida 33165
Antonio Martinez	16540 SW 157 Avenue Miami, Florida 33187
Marisela Haddad	9875 SW 34 Terrace Miami, Florida 33165

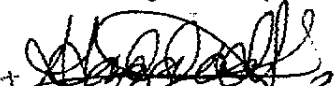
ARTICLE XI : AMENDMENTS


Theses articles of incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII : REGISTERED OFFICE AND AGENT.

The initial address of the registered office of the corporation is:  
12195 NW 99 Avenue Hialeah Gardens, Florida 33016  
and the registered agent is :  
Salomon Haddad

The undersigned has ( have ) executed these Articles of Incorporation this date:

  
\_\_\_\_\_  
Salomon Haddad, President

  
\_\_\_\_\_  
Antonio Martinez, Secretary / Treasurer

(Date) 6-17-03

(Date) 6-17-03

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 office/registered agent, in the State of Florida.

1- The name of the corporation is :

LAURORA NURSERY CORP.

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

Salomon Haddad

12195 NW 99 Avenue Hialeah Gardens, Florida 33016

SIGNATURE



TITLE

Salomon Haddad, President

DATE

6-17-03

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.

SIGNATURE



Salomon Haddad, President

DATE

6-17-03

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 JUN 19 PM 12:51