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OFFICE USE ONLY(DOCUMENT #)		
LAZARUS CORPORATE FILIN	NG SERVICE	
3320 S.W. 87 AVENUE	<u></u>	
MIAMI, FLORIDA (305)552-5973		
TERESA ROMAN (TALLAHASSEE RE	CPRESENTATIVE)	
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2. (Corporation Name)	(Document #)	
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(Corporation Name) 4.	(Document #)	
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NEW FILINGS	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILINGS	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name Name Reservation	Limited Partnership	
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	Trademark	

Other

Examiner's Initials

CR2E031(9/92)

ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

J&M NURSERY CORP.

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

21125 SW 210 AVE

Miami Fl 33187

ARTICLE III -SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

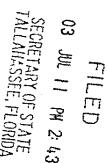
ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

21125 SW 210 AVE

Miami Fl 33187

Luis m martinez



<u>ARTICLE V - INCORPORATOR</u>

The name and street address of the incorporator to these Articles of *Incorporation is:*

21125 SW 210 ave

Miami Fl 33187

Luis m martinez

The undersigned incorporator has executed these Articles of Incorporation this og day of Joly/ 1

ARTICLE VI- DIRECTOR(S)

The name(s) and street address(es) of the director(s) to these Articles of *Incorporation is (are):*

21125 SW 210 ONE

Miami Fl 33187

Luss m martinez (P) Jarlen Martinez (VP)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature