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(Requestor's Name)		
(Address)		
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to i	Filing Officer:	-
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TRANSMITTAL LETTER

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

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

Daytime Telephone number

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The name of the corporation shall be: UNIQUE WATER GARDENS TNG ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 187 Trailer HAVEN LN, APOPICA 71.32712_ ARTICLE III PURPOSE The purpose for which the corporation is organized is: Designing Water Garden's ARTICLE IV SHARES The number of shares of stock is: 100 Share's INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): OWNER Jeanette Simpson REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: The name and address of the Incorporator is: SEANEHE SIMPSON 87 Trailer HAVEN W. ABOPKA, FL. 32712 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 11-03-04 Date

ARTICLES OF INCORPORATION

ARTICLE I NAME

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