## P0500041064

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PICK-UP WAIT MAIL
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(Document Number)
Certified Copies Certificates of Status
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## TRANSMITTAL LETTER

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

SUBJECT:	Florida's N	ursery In	Jc.
Finclosed are an orig	inal and one (1) copy of the artic	,,	a check for
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	422 Cross	MILLER Printed or typed)  SWINDS  ddress	)R
·	727-94	$\frac{OR}{State & Zip}$ $\frac{FL}{2}$ Elephone number	34683

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



KECEMED

Letter Number: 105A00016054

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Glenda E. Hood Secretary of State

March 8, 2005

JESSICA J. MILLER 422 CROSSWINDS DR. PALM HARBOR, FL 34683

SUBJECT: FLORIDA'S NURSERY, INC.

Ref. Number: W05000012065

We have received your document for FLORIDA'S NURSERY, INC.. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

## Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L04000036862 (FLORIDA NURSERY, LLC).

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Division of Cornerations - P.O. BOX 6327 Tallahassee Florida 32314

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:  Natural Mystic Nurseries /NC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:  422 CROSSWINDS DR. PALM HARBOR, FL. 34683  ARTICLE III PURPOSE The purpose for which the corporation is organized is:
ARTICLE IV SHARES The number of shares of stock is:  100  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):  JESSICA J. MILLER 422 CROSSWINDS DR. PALM HARBOR, FL. 34683
TRESIDENT/OWNER  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  JESSICA J. MILLER  422 Crosswinds DR. PALM HARBOR, F2. 34683
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  SAME AS ABOUE  ***********************************
Signature/Registered Agent  Signature/Incorporator  Date  13/3  Date