

P05000065313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

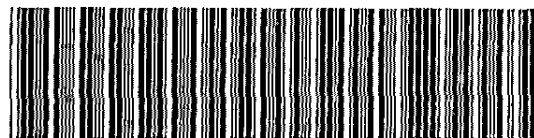
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

The client
sign everything
Sergio Gonzalez
He don't use Pedro
any problem please
call LAZARUS AT
305- 552 -5973



600052258796

04/29/05--01033--020 **78.75

RECEIVED

05 APR 29 PM 1:04

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

05 MAY -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LAZARUS
CORPORATE FILING SERVICE**

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

FILED

05 MAY -3 PM 3:05

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

Office Use Only

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

1. LA CARIDAD NURSERY INC.
(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

- ☒ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

May 2, 2005

LAZARUS

SUBJECT: LA CARIDAD NURSERY INC
Ref. Number: W05000022143

RECEIVED
05 MAY -3 AM 10:49
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

We have received your document for LA CARIDAD NURSERY INC 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 person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6965.

Dorine Martin
Document Specialist
New Filings Section

Letter Number: 905A00031004

**ARTICLES OF INCORPORATION
OF**

LA CARIDAD NURSERY INC

FILED

05 MAY -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I
CORPORATION NAME**

The corporation's name shall be: LA CARIDAD NURSERY, INC

**ARTICLE II
DURATION**

The corporation shall exist perpetually unless dissolved according to Florida Laws.

**ARTICLE III
PURPOSE**

The corporation is organized for the purpose of engaging in any activity of business Permitted under the laws of the United States and the State of Florida.

**ARTICLE IV
CAPITAL STOCK**

The corporation is authorized to issue One hundred (100) shares of Five dollars (\$ 5.00) par value Common Stock, which shall be designated as "Common Shares".

**ARTICLE V
PLACE OF BUSINESS**

The principal place of business of said corporation shall be:

6701 NW 27 Avenue

Miami, FL 33147

ARTICLE VI
NUMBER OF DIRECTORS

The number of Directors of this corporation, shall be no less than one (1) nor more than fifteen (15).

ARTICLE VII
BOARD OF DIRECTORS

The name and addresses of the first Board of Directors of this Corporation who shall hold office initially, are as follows:

NAME PEDRO S. GONZALEZ
ADDRESS 10600 NW 27 Ave # 4
CITY Miami STATE FL Z C 33147

NAME _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

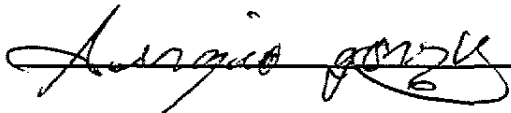
ARTICLE VIII
INCORPORATORS

The name and addresses of the incorporators signing these Articles of Incorporation, are as follows:

NAME PEDRO S. GONZALEZ TITLE President
ADDRESS 10600 NW 27 Ave. # 4
CITY Miami STATE FL Z C 33147

NAME _____ TITLE _____
ADDRESS _____
CITY _____ STATE _____ Z C _____

IN WITNESS WHEREOF, the undersigned subscriber (s) have executed these Articles of Incorporation, this 27 day of April of 2005

 (Seal)

_____ (Seal)


STATE OF FLORIDA)
) SS
COUNTY OF DADE)

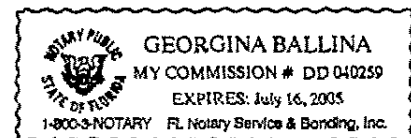
Before me, a Notary Public authorized to take acknowledgement in the State and County set for above, personally appeared:

PEDRO S. GONZALEZ

Known to me and known to be the person (s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 27 day of April of 2005.


Notary Public
State of Florida at Large



FILED

05 MAY -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CERTIFICATE OF REGISTERED AGENT
OF

LA CARIDAD NURSERY, INC

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted,
in compliance with said Act:

FIRST: That LA CARIDAD NURSERY, INC desiring to
organize under the laws of the State of Florida with its principal office as indicated
in the articles of incorporation at the City of Miami, County of M-DADE State
of FLORIDA, has named:

Mr/Ms PEDRO S. GONZALEZ
Located at 10600 NW 27 Ave. #4
City of Miami County of Miami-Dade
State of Florida

At its Agent to accept service of process within this State.

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process
for the above stated corporation at the place designated in this certificate, and being
familiar with the obligations of that position. I hereby accept to act in this capacity,
and agree to comply with the provisions of Florida Law in keeping open said office.


Registered Agent