

Division of Corporations

Page 1 of 1

**P05000085551**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000146556 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850)205-0381

From:

Account Name : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305)229-8256  
Fax Number : (305)229-8252

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 JUN 14 AM 9:01

FILED

**FLORIDA PROFIT CORPORATION OR P.A.**

**MY TWIN NURSERY, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing

Public Access Help

2867

((H05000146556 3)))

ARTICLES OF INCORPORATION  
OF  
**MY TWIN NURSERY, INC.**

THE UNDERSIGNED has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

**MY TWIN NURSERY, INC.**

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purpose proposed to be transacted and carried on by this Corporation are to do any and all of the things, as fully and to the same extent as natural persons might do, viz:

PREPARED BY: ARES & COMPANY, CPA, P.A.  
3636 SW 87<sup>TH</sup> AVE.  
MIAMI, FL. 33165

FILED  
05 JUN 14 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

((H05000146556 3)))

((H05000146556 3)))

Transact any and all lawful business.

(1) Said corporation shall further have powers:

To have perpetual succession by its corporate name,

## **MY TWIN NURSERY, INC.**

### **ARTICLE IV**

The aggregate number of shares which the corporation shall have authority to issue is

the total sum of 100 shares, having an individual par value of US\$10.00.

Unless otherwise stated in these articles, or in an amendment to these articles, there

shall be only one (1) class of stock of this corporation.

### **ARTICLE V**

The name and street address of the initial Registered Agent of this corporation shall

be:

**ROBERTO LUJARDO  
20980 SW 234<sup>TH</sup> STREET  
HOMESTEAD, FL. 33031**

The business location and mailing address of the Corporation shall be:

**20980 SW 234<sup>TH</sup> STREET  
HOMESTEAD, FL. 33031**

((H05000146556 3)))

((H05000146556 3)))

ARTICLE VI

The initial Board of Directors and Shareholders shall be initially composed by ONE (1) person, whose name and address is:

ROBERTO LUJARDO - PRESIDENT - 100% SHAREHOLDER  
20980 SW 234<sup>TH</sup> STREET  
HOMESTEAD, FL. 33031

The name and address of the incorporator executing these Articles of Incorporation is:

ROBERTO LUJARDO  
20980 SW 234<sup>TH</sup> STREET  
HOMESTEAD, FL. 33031

IN WITNESS WHEREOF, the undersigned incorporator has executed these Articles of Incorporation this 14<sup>TH</sup> day of June, 2005

  
ROBERTO LUJARDO  
PRESIDENT

((H05000146556 3)))

(((H05000146556 3)))

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the law 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:

**MY TWIN NURSERY, INC.**

2. The name and address of the Registered Agent and office is:

ROBERTO LUJARDO  
20980 SW 234<sup>TH</sup> STREET  
HOMESTEAD, FL. 33031

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.

  
\_\_\_\_\_  
ROBERTO LUJARDO  
06/14/05  
DATE

FILED  
05 JUN 14 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H05000146556 3)))