

P05000152773

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

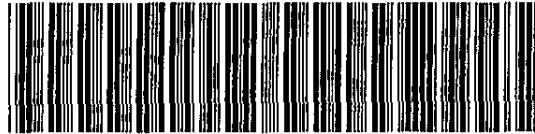
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EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

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CORAL GABLES, FL 33134 (305) 444-4994

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

1. La Fiera Nursery Inc  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Will wait

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

# **33ARTICLES OF INCORPORATION**

**OF**

## **LA FIERA NURSERY INC**

*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 corporation shall be:*

**LA FIERA NURSERY INC**

### **ARTICLE II PRINCIPAL OFFICE**

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

**30530 SW 149 AVE  
HOMESTEAD, FL. 33030**

### **ARTICLE III SHARES**

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

**600 Shares of Common Stock at \$1.00 Par Value**

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

*The name and address of the initial registered agent is:*

**JOHAN M LOPEZ  
30530 SW 149 AVE  
HOMESTEAD, FL. 33030**

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ARTICLE V INCORPORATOR(S)

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

JOHAN M LOPEZ  
30530 SW 149 AVE  
HOMESTEAD, FL. 33030

ARTICLES VI DIRECTOR(S)

*The name(s) and street address(es) of the Director(s) is (are)*

JOHAN M. LOPEZ  
President/Vice-president/Director  
30530 SW 149 AVE  
HOMESTEAD, FL. 33030

*The undersigned incorporator(s) has(have) executed these Articles of Incorporation  
This 9<sup>th</sup> day of November 2005.*

  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

*Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws 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: LA FIERA NURSERY INC.

2. The name and address of the registered agent and office is:

Johan M Lopez  
NAME

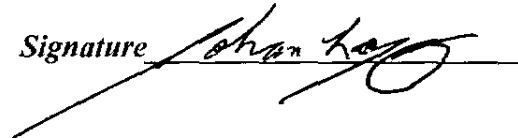
30530 SW 149 Ave  
P.O. BOX NOT ACCEPTABLE

Homestead, Fl. 33030

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NOTICE TO CREDITORS  
STATE OF FLORIDA  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE

**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.**

Signature



Date: November 9, 2005.