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7' 2008

TRANSMITTAL LETTER

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

SUBJECT: FL	PROPOSED CORPORA	RSERY INC TENAME-MUSTINCE	ORPORATED UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
☐ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	
FROM:	_	(Printed or typed)	AH AH A

13089 41 ST LANE NORTH

Address

ROYAL PALM BEACH, FL 3341

City, State & Zip

(5(e)) 34(6-7287

Daytime Telephone number

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

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ÁRTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) ARTICLE I NAME The name of the corporation shall be: FULL MOON ACRES NURSERY INCORPORATED ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: ATTENTION: RICHARD AND KEIRA HAWKINS 13089 41ST LANE NORTH ROYAL PALM BEACH, FL 33411 *PURPOSE* The purpose for which the corporation is organized is: TO GROW AND SELL PLANTS AND TREES. ARTICLE IV The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): RICHARD HAWKINS - PRESIDENT 13089 YIST LANE NORTH ROYAL PALM BEACH, FL 33411 FIRA HAWKINS SAME ADDRESS AS RICHARD - TREASURER AND SECRETARY REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: RICHARD HAWKINS HIST LANE NORTH FALM BEACH, FL 33411 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: KEIRA HAWKINS 13089 YIST LANE NORTH ROYAL PALM BEACH, FL 33411 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

HAWKINS