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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

las palmeras nursery, inc.

D. WHITE FEB 16 2006

Certificate of Status	0
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ARTICLE I	NAME
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
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100	100

LAS PALMERAS NURSERY, INC.

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

ARTICLE III SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

OSMANY BACALLAO
19375 S.W. 185th CT.
MIAMI, FL 33187

HW0000041999

14:21 FEB-15-2006

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

OSMANY BACALLAO
19375 S.W. 185th CT.
MIAMI, FL 33187

ARTICLE VI DIRECTOR(S)/OFFICER(S)

The name(s) and address(es) of the director(s)/officer(s) to this Articles of Incorporation are:

OSMANY BACALLAO (P/S/T/D)
19375 S.W. 185th CT.
MIAMI, FL 33187

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

14th day of FEBRUARY, 2006, XX

(An additional article must be added if an effective date is requested.)



Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

FILED

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: LAS PALMERAS NURSERY, INC.

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

OSMANY BACALLAO

(NAME)

19375 S.W. 185th CT.

(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

MIAMI, FL 33187

(CITY/STATE/ZIP)

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)

02-14-06

(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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