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LAZARUS CORPORATE FILING SERVICE

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MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Certified Copy Pick up time 2.00 Will wait Mail out Photocopy Certificate of Status **AMENDMENTS** NEW FILINGS Profit Amendment Not for Profit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Foreign Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

FILED

ARTICLES OF INCORPORATION OF

2006 APR 21 AM 10: 20 SECRETARY OF STATE TALLAHASSEE, FLORIDA FAMILY NURSERY INC

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: FAMICY 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 <u>one hundred</u> (100) shares of <u>five dollars</u> (\$ 5.02) 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:
16540 SW 157 Avenue
16590 SW 157 Avenue Migmi FL 33187

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

NAME Ruth Martinez
ADDRESS 16540 SW 157 Ave
CITY Miami STATE & ZC 33187

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

		NAME		<u> </u>		
ARTICLE VIII INCORPORATORS e name and addresses of the incorporators signing these Articles of corporation, are as follows: NAME Right Marking TITLE President ADDRESS 16540 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE		ADDRESS				_
INCORPORATORS e name and addresses of the incorporators signing these Articles of orporation, are as follows: NAME Ruth Markner TITLE President ADDRESS 16540 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE		CITY	S	TATE _	Z C	
INCORPORATORS e name and addresses of the incorporators signing these Articles of orporation, are as follows: NAME Ruth Markner TITLE President ADDRESS 16540 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE			A DTTC'I	111/1 TO		
name and addresses of the incorporators signing these Articles of corporation, are as follows: NAME Rush Marlinez TITLE President ADDRESS 16540 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE					3	
NAME RIGH Marking TITLE President ADDRESS 16540 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE	a nama and add	traceae of the				£
NAME Rush Marlines TITLE President ADDRESS 165 40 Sw 157 Avenue CITY Miami STATE R ZC 33187 NAME TITLE			incorporati	no signini	g mese An meres o	· A
NAME TITLE	orporation, are	as lonows:				
NAME TITLE	NAME	Ruth.	Martinez	_ TIT	TE Presiden	<i>_</i>
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	rticles of Incorp	ofation, this	20 day	of Ap	ril of	20
WITNESS WHEREOF, the undersigned subscriber (s) have executed ticles of Incorporation, this 20 day of April of 20	F	\mathcal{T}		7		
ticles of Incorporation, this 20 day of 4pril of 20						
ticles of Incorporation, this 20 day of April of 20		/				
ticles of Incorporation, this 20 day of 4pril of 20	Brok	_	(So	ol\		
ticles of Incorporation, this 20 day of April of 20	Prope		(Se	al)		
ticles of Incorporation, this 20 day of 4pril of 20	Broke	<u> </u>	(Se	al)		
ticles of Incorporation, this 20 day of 4pril of 20	And	·	*	•		

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:

Ruth Martinez

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

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and county aforesaid, this 20 day of 4pril of 2006.

Notary Public State of Florida at Large



CERTIFICATE OF REGISTERED AGENT

<u>OF</u>

	FAMILY	Nunsery	Inc	
	of Chapter 48	3.091, Florida Stat	·	ng is submitted,
FIRST: The organize under the in the articles of income of Port do., I	laws of the Sta	icy Nunse ate of Florida with the City of <u>Mia</u>	ı its principal offi	ice as indicated
M Lo Ci St	r/Ms // cated at /6 ty of // ate of //	Ruth Mar 590 SW 15 n1 County of	dinez g Avenue Bade	

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