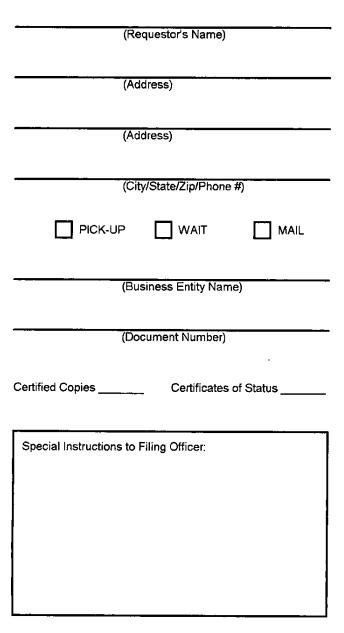
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T

1006.30657.

T. Hampton JUL 18 2006

COVER LETTER

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

SUBJECT: St. Anthony's Botanical Gardens, Inc.
(PROPOSED CORPORATE NAME-MUST INCLUDE SUFFIX)

•	□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
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Address

Jacksonville FL 32206

City, State & Zip

904 634 - 0986

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 11, 2006

VALERINE V TOWNS 12 W 8TH ST JACKSONVILLE, FL 32206

SUBJECT: ST. ANTHONY'S BOTANICAL GARDEN, INC.

Ref. Number: -W06000030657

We have received your document for ST. ANTHONY'S BOTANICAL GARDEN, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton Document Specialist New Filing Section

Letter Number: 706A00044594

AND SOURCE OF STATE O

ARTICLES OF INCORPOR TION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME	
The name of the corporation shall be:	
ST. ANTHONY'S BOTANICAL GARDEN	V, INC.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
• • •	
12 W 8th St Jacksonville, Fl 322	06
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	-
Relail CORPORATION-PROFESSIONAL	
ARTICLE IV SHARES	
The number of shares of stock is:	Za Tal
10	2006 JUL SECRETAHA
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	HAS UL
List name(s), address(es) and specific title(s):	SEL O
Valerine V- Towns, OWNER 604 E 3RD St #REAR	
Joseph Sky St #Reat	99
JACKSONVILLE, FL 32206	0 _A
ARTICLE VI REGISTERED AGENT	
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered ag	ent is:
VALERINE V TOWNS	
604 E 3Rd St #REAR	
TACKSONUTTLE, FL 32206 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Valerine V. Towns	
604 E 3Rd St # REAR	
Jacksonville, FC 30206	
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 c	apacity
7/2/2 7/ - 1/2	3/06
Signature/Registered Agent	Date
7/00,000 7/ -1000000	3/06
Signature/Incorporator	Date
Valerine V. Towns	