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DIVISION OF CORPORATIONS

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L'AZARUS CORPORATE FILING SERVICE

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NEW FILINGS	AMENDMENTS
Profit Not for Profit	Amendment Resignation of R.A. Officer/Director
Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent
Domestication Other	Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
CP2E031(7/07)	Examiner's Initials

06 SEP 27 PM 1:08

ARTICLES OF INCORPORATION

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 the corporation shall be:

GANGUIERO NURSETRY COP.

ARTICLE II - PRINCIPAL OFFICE

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

17/01 Sw. 160 Aue MIANIN FL 33187

ARTICLE III - SHARES

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

100

ARTICLES IV -INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARIA DE los A. Croz 17/01 SW 160 ALE MIANTE FL 33/87

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ARTICLE V - INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

MARIA DE JOS AN Cruz 17101 Sus 160 Aug ampini Fr 33187

The undersigned incorporator has executed these Articles of Incorporation this 26 day of September 2006.

LARRIA CNU 2. Signature

ARTICLE VI- DIRECTOR (S)

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

RODOLFO Cruz. President. MARIA DElos A. Cruz Vice president

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Klapia Cau2
Registered Agent Signature