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T. Burch DEC 1 2006.

COVER LETTER

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

SUBJECT: Hydr	oponics of Tampa Inc. (PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	Jerome Francis Cristina IV Name (Printed or typed)		
	1002 Rochelle Lane Address		
	Valrico, FL 33594 City, State & Zip		
	(813)-293-3973 Daytime Telephone number		

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

*ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Hydroponics of Tampa Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

120 W. Bougainvillea Ave./ 1002 Rochelle Ln. Valrico, FL 33594

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jerome Francis Cristina IV 1002 Rochelle Ln. Valrico, FL 33594

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jerome Francis Cristina IV 1002 Rochelle Ln. Valrico, FL 33594

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jerome Francis Cristina IV 1002 Rochelle Ln. Valrico, FL 33594

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

Signature/Registered Agent

Signature/Incorporator