

03/06/2007

01

305 485 9300

BERRIZ GERALDO

PAGE 01

Page 1 of 1

P0700029419

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000059735 3)))



H070000597353A9C3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From: Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305) 485-9300
Fax Number : (305) 485-1098

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR -6 PM 12:27

FLORIDA PROFIT/NON PROFIT CORPORATION

NURSERY ENTERPRISES, INC.

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAR -6 PM 12:27

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

3/6/2007

FILED

2007 MAR -6 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1070000597353.

ARTICLES OF CORPORATION
OF

NURSERY ENTERPRISES, INC.

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be:

NURSERY ENTERPRISES, INC.

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Transact any and all lawful business.

(2) Said corporation shall further have powers:

To have perpetual succession by its corporate

name:

NURSERY ENTERPRISES, INC.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

1070000597353.

1107 0000 597 353

ARTICLE IV

The aggregate number of shares which the corporation shall have authority to issue is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

RICARDO GARCIA
1041 SW 129 AVE
MIAMI, FL. 33184

The principal office shall be:

1041 SW 129 AVE
MIAMI, FL. 33184

1107 0000 597 353

HO 7 0000 597353.

ARTICLE VI

The initial Board of Directors shall consist of a total of **ONE(01)** person, and the name and address of the person who is to serve as an initial director is:

RICARDO GARCIA
1041 SW 129 AVE
MIAMI, FL. 33184

PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

RICARDO GARCIA
1041 SW 129 AVE
MIAMI, FL. 33184

IN WITNESS WHEREOF, the undersigned incorporator has (ve) executed these Articles of Incorporation this MARCH 2, 2007.



RICARDO GARCIA

HO 7 0000 597353.

407 0000 597353

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

Pursuant to the provision of sections 607.0501 or 617.0501, 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:

NURSERY ENTERPRISES, INC.

2. The Name and Address of the registered agent and office is

**RICARDO GARCIA
1041 SW 129 AVE
MIAMI, FL. 33184**

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



Dated: MARCH 2, 2007.

407 0000 597353

2007 MAR -6 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED