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Division of Corporations Public Access System

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Division of Corporations

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Fax Number : (516) 935-3088

# FLORIDA PROFIT/NON PROFIT CORPORATION

#### FLS PLANTS INC.

Certificate of Status	1
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#### 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:

FLS PLANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

FLS PLANTS INC. 26705 SW 173 Court Homestead, FL 33031 R 17 AM IO: 27

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#### ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Frank Fagundo 26705 SW 173 Court Homestead, FL 33031

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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#### ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

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

Frank Fagundo - President/Director 26705 SW 173 Court Homestead, FL 33031

### ARTICLES VI INCORPORATOR(\$)

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

Frank Fagundo 26705 SW 173 Court Homestead, FL 33031

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

16th day of <u>April</u> 2007.

Frank Fagundo - Sigdature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

	Frank Fagundo	,	
•	Name		
	26705 SW 173 Court		
	(P.O. Box or Mail Drop Box NOT Acceptable)		
	Homestead, FL 33031		*
	(City / State / Zip)		
		•.	
gent and agree to act in this cape	agent and to accept service of process for the above sta ed in this certificate. I hereby accept the appointment as acity. I further agree to comply with the provisions of al	registered l the statutes	
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