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

From: Account Name : XIOMARA LEE, P.A.
Account Number : I20040000008
Phone : (305) 262-2323
Fax Number : (305) 262-2324

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 MAY 15 AM 11:24

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FLORIDA PROFIT/NON PROFIT CORPORATION

FOUR SEASONS NURSERY INC.

Certificate of Status	1
Certified Copy	1
Page Count	01
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Electronic Filing Menu

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

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

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2007 MAY 15 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

FOUR SEASONS NURSERY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

16800 SW 248 ST
HOMESTEAD, FL 33031

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

BELARMINO ESTEVEZ (PRESIDENT/DIRECTOR)
16800 SW 248 ST
HOMESTEAD, FL 33031

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BELARMINO ESTEVEZ
16800 SW 248 ST
HOMESTEAD, FL 33031

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BELARMINO ESTEVEZ
16800 SW 248 ST
HOMESTEAD, FL 33031

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

X 

Signature/Registered Agent

05/15/2007

Date

X 

Signature/Incorporator

05/15/2007

Date

((H070001330213))