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FLORIDA PROFIT/NON PROFIT CORPORATION

SAN ISIDRO NURSERY CORP

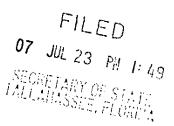
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ARTICLES OF INCORPORATION

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 1 NAME

The name of the corporation shall be:

SAN ISIDRO NURSERY CORP

ARTICLE II PRINCIPAL OFFICE

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

16101 SW 232 ST MIAMI, FL 33170

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

REFUGIO ENRIQUEZ 16101 SW 232 ST MIAMI, FL 33170 (((H07000187124)))

ARTICLE V INCORPORATORS(S)

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

REFUGIO ENRIQUEZ 16101 SW 232 ST MIAMI, FL 33170

ARTICLE VI DURECTOR(S)

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

REFUGIQ ENRIQUEZ 16101 SW 232 ST MIAMI, FL 33170 PRESIDENT

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

REFUGIO ENRIQUEZ
PRESIDENT

FILED.

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SECRETARY OF STATE

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501. Florida Statues, 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:

SAN ISIDRO NURSERY CORP

2. The name and address of the registered agent and office is:

REFUGIO ENRIQUEZ 16101 SW 232 ST MIAMI, FL 33170

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN HIS 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 STATUES 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 Refusion STATES