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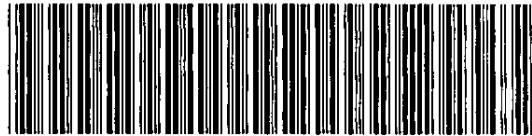
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
07 AUG 24 AM 10:42  
STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
07 AUG 28 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
8/29

1007-42036

**LAZARUS**  
**CORPORATE FILING SERVICE**  
3320 SW 87<sup>TH</sup> AVENUE  
MIAMI, FL 33165  
305-552-5973

**FILED**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. TROPICAL LANDSCAPING OF FLORIDA, INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

**NEW FILINGS**

- ☒ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

07 AUG 28 PM 4:16

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

August 27, 2007

LAZARUS

\*\*\*WALK-IN\*\*\*

SUBJECT: TROPICAL LANDSCAPING OF FLORIDA, INC.  
Ref. Number: W07000042036

We have received your document for TROPICAL LANDSCAPING OF FLORIDA, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist  
New Filing Section

Letter Number: 907A00051437

## 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:  
*SOUTH FLORIDA GARDENS, INC.*

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TALLAHASSEE, FLORIDA

### ARTICLE II - PRINCIPAL OFFICE

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

*13210 SW 52 ST  
MIAMI FL 33175*

### ARTICLE III - SHARES

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

*100*

### ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*JOSE L. PELLICER  
13210 SW 52 ST  
MIAMI FL 33175*

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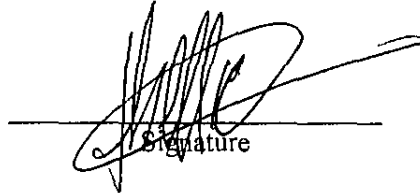
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V - INCORPORATOR**

The name and address of the incorporator to these Articles of Incorporation is:

JOSE L. PELLICER  
13210 SW 52 ST MIAMI FL, 33175

The undersigned incorporator has executed these Articles of Incorporation this  
23 day of August 2007.

  
Signature

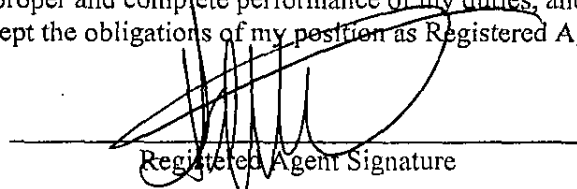
**ARTICLE VI- DIRECTOR (S)**

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

JOSE L. PELLICER - President

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

Having been named as Registered Agent and to accept service of process for the above stated corporation at 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 related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
Registered Agent Signature