

P080000500600

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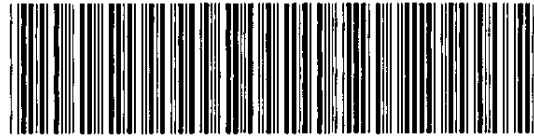
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**LAZARUS
CORPORATE FILING SERVICE**

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

1. CAIGUANABO NURSERY, Corp
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in
☐ Mail out

☒ Pick up time 2.00
☐ Will wait

☐ Photocopy

☒ Certified Copy
☐ 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
08 MAY 19 AM 11:05
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

May 16, 2008

LAZARUS CORPORATE FILING SERVICE

SUBJECT: CAIGUANABO NURSERY, CORP.
Ref. Number: W08000024558

We have received your document for CAIGUANABO NURSERY, CORP. 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 of the entity must be identical throughout the document.

The registered agent and street address must be consistent wherever it appears in your document.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 708A00031296

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DIVISION OF CORPORATIONS

08 MAY 19 AM 10:10

ARTICLES OF INCORPORATION
OF
CAIGUANABO NURSERY, CORP.

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 in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be :
CAIGUANABO NURSERY, CORP.

ARTICLE II

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

**23795 SW 217th AVENUE
HOMESTEAD, FLORIDA 33031**

ARTICLES III - SHARES

The number of shares of stock that this corporation is authorized to have Outstanding at nay one time is: One Hundred (100) of One Dollar(s) (1.00)

ARTICLE IV

The name and address of the initial agent is:

**Rolando Hernandez
13224 SW 144 Terrace
MIAMI, FLORIDA 33186**

ARTICLE V - INCORPORATOR(S)

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

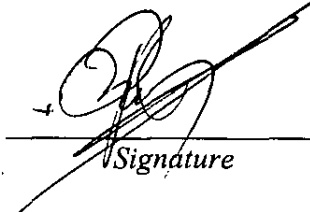
Incorporator Name

Incorporator Address

ROLANDO HERNANDEZ
KIRENIA MORA

13224 SW 144 Terrace Miami FL 33186
8917 NW 146 Terrace Miami Lakes FL 33018

*The undersigned incorporator has executed these Articles of Incorporation
this 14 day of 5 20 08*



Signature



Signature

ARTICLE VI - DIRECTOR(S)

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

ROLANDO HERNANDEZ - PRESIDENT
13224 SW 144th TERRACE
MIAMI, FLORIDA 33186

KIRENIA MORA - VICE PRESIDENT
8917 NW 146th TERRACE
MIAMI LAKES, FLORIDA 33018

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

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statute,
the Undersigned Corporation, organized under the laws of the State of Florida,
submits the following statement in designating the registered agent, in the
State of Florida.


1. The name of the corporation is: **CAIGUANABO NURSERY CORP.**

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

ROLANDO HERNANDEZ

13224 SW 144 TERRACE
MIAMI, FLORIDA 33186

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

5/14/08
Date

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