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CORPORATE FILING SERVICE

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C	ORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):
1.	MARTA'S NUrsery LANDSCAPING & Bordes, Inc. (Corporation Name) (Document #)
2.	
	(Corporation Name) (Document #)
3.	(Corporation Name) (Document #)
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	OTHER FILINGS REGISTRATION/QUALIFICATION
	Annual Report Fictitious Name Limited Partnership Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF INCORPORATION

OB DEC -3 PM 12: 46
SECRETARY OF STATE
LLAHASSEE, FLORIS

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:

MARTA'S NURSERY LANDSCAPING & BORDES, INC. (EFFECTIVE DONE 01-01-09)

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

4901 SW 122 NUE
MIAMI FLA 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

MANUEL ROSELL 4901 SW 122 AUE MIAMI FLS 33175

<u>ARTICLE V – INCORPORATOR</u>

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

MANUEL ROSELL 4901 SW 122 AUE MIAMI FLA 33175

The undersigned incorporator has executed these Articles of Incorporation this 2 day of December 0520 08.

ARTICLE VI- DIRECTOR (S)

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

MANUEL ROSELL (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