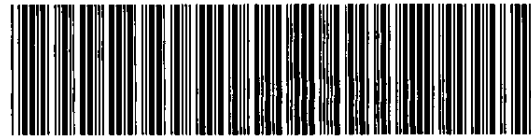


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11 JAN -7 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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1/1/11 56212

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: **SUNSHINE NURSERY, INC.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: **JOSE A GALGUERA**  
Name (Printed or typed)

**18925 SW 224 STREET**  
Address

**MIAMI, FL 33170**  
City, State & Zip

**305-332-7523**  
Daytime Telephone number

**JOGAVI@BELLSOUTH.NET**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 JAN -7 PM 1:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2010

JOSE A GALGUERA  
18925 SW 224 STREET  
MIAMI, FL 33170

SUBJECT: SUNSHINE NURSERY, INC.  
Ref. Number: W10000056212

We have received your document for SUNSHINE NURSERY, INC. and your check(s) totaling \$70.00. 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.**

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date may be added to the Articles of Incorporation **if a 2011 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

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 II  
New Filing Section

Letter Number: 710A00028166

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

**FILED**

11 JAN -7 PM 4:21

**ARTICLE I NAME**

The name of the corporation shall be:

**SUNSHINE REDLANDS NURSERY, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**18925 SW 224 ST**

**MIAMI, FL 33170**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in any activity or business permitted under the laws of the United States and the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: The maximum number of shares of stock that this corporation is authorized to have outstanding at any time is one hundred(100) shares of common stock having a par value of one dollar(\$1.00) per share.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **JOSE A GALGUERA, (D)**

Address: **18925 SW 224 ST**

**MIAMI, FL 33170**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **YOSLEIDY PARET**

Address: **18895 SW 220 ST**

**MIAMI, FL 33170**

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: **JOSE A GALGUERA**

Address: **18925 SW 224 ST**

**MIAMI, FL 33170**

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

  
\_\_\_\_\_  
Required Signature/Registered Agent

12/15/2010

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
\_\_\_\_\_  
Required Signature/Incorporator

12/15/2010

Date