

9/16/2020

Division of Corporations

**P20000072461**

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
STURON NURSERY INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

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CERTIFICATE OF INCORPORATIONOFSTURON NURSERY INC.

The undersigned incorporators to these articles of incorporation hereby associate themselves together to form a corporation under the laws of the State of Florida.

ARTICLE I  
NAME

The name of this corporation is: STURON NURSERY INC.

ARTICLE II  
GENERAL NATURE OF BUSINESS

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

ARTICLE III  
CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1,000 shares of common stock having a nominal or par value of One (\$1.00) Dollar per share. All said shares shall be payable in cash, property, labor or services at a valuation to be fixed by the Board of Directors at a meeting called for that purpose. Property, labor or services may be purchased or paid for with capital stock at a just valuation to be fixed by the Board of Directors.

ARTICLE IV  
INITIAL CAPITAL

The amount of capital with which this corporation will begin business is not less than \$100.

ARTICLE V  
TERM OF EXISTENCE

This corporation is to exist perpetually.

Prepared by: Carlos F. Arazoza  
2100 Salzedo Street Suite 300  
Coral Gables, Florida 33134  
Phone: (305) 444-6226  
Florida Bar N° 0698806

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ARTICLE VI  
ADDRESS

The initial principal office and mailing address of this corporation in the State of Florida is 20451 SW 216TH ST, MIAMI FL 33170. The Board of Directors may from time to time move the principal office to another address in Florida.

ARTICLE VII  
DIRECTORS

This corporation shall have not less than one director, however, the number of directors may be increased or diminished from time to time by By-laws adopted by the Stockholders but shall never be less than one. The name and address of the initial director which shall serve until his replacements assume his position is:

<u>Name</u>	<u>Address</u>
ISMEL VERA	20451 SW 216TH ST MIAMI FL 33170
ISBEL VERA	20451 SW 216TH ST MIAMI FL 33170

ARTICLE VIII  
INITIAL OFFICERS

The names, offices and addresses of the initial officers which shall serve until their replacements assume their positions are:

<u>Office</u>	<u>Name</u>	<u>Address</u>
President	ISMEL VERA	20451 SW 216TH ST MIAMI FL 33170
Secretary	ISBEL VERA	20451 SW 216TH ST MIAMI FL 33170

ARTICLE IX  
INCORPORATOR

The name and mailing address of the incorporator of these articles of incorporation is ISMEL VERA of 20451 SW 216TH ST, MIAMI FL 33170.

ARTICLE X  
AMENDMENT

These articles of incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the

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STATE OF FLORIDA  
COUNTY OF MIAMI

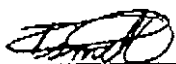
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Stockholders, and approved at a stockholders' meeting by a majority of the stock entitled to vote thereon, unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these articles of incorporation be made.

ARTICLE XI  
REGISTERED OFFICE AND REGISTERED AGENT

STURON NURSERY INC., desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Incorporation at the County of Miami-Dade, State of Florida, hereby designates ISMEL VERA as its Registered Agent, to accept services within the State. The registered office of the corporation shall be, 20451 SW 216TH ST, MIAMI FL 33170.

WITNESS the hand and seal of the incorporator in Miami-Dade County, State of Florida, the 16<sup>th</sup> day of September 2020

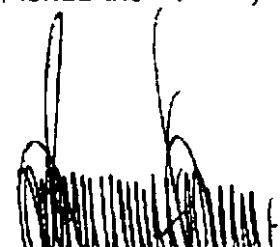


ISMEL VERA  
Incorporator

STATE OF FLORIDA                    )  
  ) SS:  
COUNTY OF MIAMI-DADE        )

The foregoing instrument was acknowledged before me via ☒ physical presence or ☐ electronic appearance on this 16<sup>th</sup> day of September 2020, by Ismel Vera, as Incorporator for STURON NURSERY INC., being personally known to me or having produced a \_\_\_\_\_ as identification.

WITNESS my hand and seal at Miami-Dade County, Florida the 16<sup>th</sup> day of September 2020.


  
 Laura Kohn, Notary Public  
 State of Florida at Large

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STATE  
FLORIDA

My commission expires:

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CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.0501, Florida Statutes, 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:

STURON NURSERY INC.

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

ISMEL VERA, of  
20451 SW 216TH ST, MIAMI FL 33170



ISMEL VERA

Having been named as registered agent and to accept service of process for the above stated corporation at the 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 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.



ISMEL VERA  
September 16, 2020

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