P95000037452

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870
Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
TOLL FREE No. 1-800-342-8062
FAX (904) 222-1222

NAME _____
FIRM _____
ADDRESS _____

PHONE ( ) _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee $ _____ Our $ _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 11 PM 12:54

RE: Royal Palm Nursery & Landscaping, Inc.

	C.C. FEE.	DISBURSED
___ Capital Express		
✓ Art. of Inc. File		
___ Corp. Record Search		
___ Ltd. Partnership File		
___ Foreign Corp. File		
✓ ( ) Cert. Copy(s)		
___ Art. of Amend. File		
___ Dissolution/Withdrawal		
___ C U S	950001418-050511	
___ Fictitious Name File	-05/11/95--01030--001	
	****22.50	****22.50
___ Name Reservation		
___ Annual Report/Reinstatement		
___ Reg. Agent Service		
___ Document Filing		
___ Corporate Kit		
___ Vehicle Search		
___ Driving Record		
___ Document Retrieval		
___ UCC 1 or 3 File		
___ UCC 11 Search		
___ UCC 11 Retrieval		
___ ___ File No.'s, ___ Copies		
___ Courier Service		
___ Shipping/Handling		
___ Phone ( )		
___ Top Priority		
___ Express Mail Prep.		
___ FAX ( ) pgs.		
___		
SUBTOTALS		

JB 5/11/95

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE			
TIME			CK No.
BY			

WALK-IN
Will Pick Up 5:00 12:00

FEE..... $ _____
DISBURSED..... $ _____
SURCHARGE..... $ _____
TAX on corporate supplies..... $ _____
SUBTOTAL..... $ _____
PREPAID..... $ _____
BALANCE DUE..... $ _____
_____ ..... $ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 11 PM 12:54

ARTICLES OF INCORPORATION

OF

ROYAL PALM NURSERY & LANDSCAPING, INC.

ARTICLE I. CORPORATE NAME.

The name of the corporation is: ROYAL PALM NURSERY & LANDSCAPING, INC.

ARTICLE II. PRINCIPAL OFFICE.

The principal place of business and mailing address of this corporation are: 17154 Toledo Blade Blvd., Port Charlotte, FL 33954.

ARTICLE III. CAPITAL STOCK.

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

10 shares at $10.00 par value per share.

ARTICLE IV. INITIAL REGISTERED AGENT AND OFFICE.

The name and address of the initial registered agent is: Nicholas A. Tersigni, 17154 Toledo Blade Blvd., Port Charlotte, FL 33954.

ARTICLE V. INCORPORATOR.

The name and street address of the incorporator of these Articles of Incorporation is: Nicholas A. Tersigni, 9417 New Martinsville Avenue, Englewood, FL 34224.

The undersigned has executed these articles of incorporation on the 9th day of May, 1995.

Nicholas A. Tersigni

NICHOLAS A. TERSIGNI, Incorporator

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY 11 PM 12:55

DESIGNATION AND ACCEPTANCE OF REGISTERED AGENT

PURSUANT to the provisions of F.S. 607.0501, 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: **ROYAL PALM NURSERY & LANDSCAPING, INC.**

2. The name of the registered agent is:
NICHOLAS A. TERSIGNI

3. The address of the registered agent/registered office is:
17154 Toledo Blade Blvd., Port Charlotte, FL 33954

ACCEPTANCE

Having been named as registered agent and ...gnated to accept service of process for **ROYAL PALM ...SERY & LANDSCAPING, INC.**, I, **NICHOLAS A. TERSIGNI**, ...cept 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.

Dated: 5-5-95

Nicholas A. Tersigni
NICHOLAS A. TERSIGNI

#9royal

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 NOV 22 AM 9:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000037452

1 Corporation Name

ROYAL PALM NURSERY & LANDSCAPING, INC.

Principal Place of Business	Mailing Address
17154 TOLEDO BLADE BLVD. PORT CHARLOTTE FL 33954	17154 TOLEDO BLADE BLVD. PORT CHARLOTTE FL 33954

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96000

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/11/1995

5. FEI Number: 65-0582011 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	NICHOLAS A. TERSIGNI	9249 CLEWISTON TERRACE	ENGLEWOOD, FL 34224
VP	FRANK P. TERSIGNI	731 TEXAS ST.	ENGLEWOOD, FL 34223
S/T	JEAN N. TERSIGNI	731 TEXAS ST.	ENGLEWOOD, FL 34223
D	NANCY A. TERSIGNI	9249 CLEWISTON TERRACE	ENGLEWOOD, FL 34224

900002014739--4
-11/26/96--01111--030
****375.00 ****375.00

8. Name and Address of Current Registered Agent

TERSIGNI, NICHOLAS A
17154 TOLEDO BLADE BLVD.
PORT CHARLOTTE FL 33954

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Nicholas A. Tersigni Date: 11-19-96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Nicholas A. Tersigni 11-19-96 941-743-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NICHOLAS A. TERSIGNI

AF