0072296

TRANSMITTAL LETTER

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



SUBJECT: THE TROPICAL OPERHID

(Proposed corporate name - must include suffix) CC

inal and one (1) co	py of the articles	of incorporation a	and a check
\$78.75 Filing Fee & Certificate	\$122.50 Filing Fee & Certified Copy Additional Cop	\$131.25 Filing Fee, Certified Copy & Certificate by Required	w9518148
M: <u>DALE</u>		OCK	
SANFORT	Address FL	DR. -03. 32773 ***	n njatu 1 55 Tr 155-4 20 705-73501033003 (4478.75 4444478.15
(407)	324- <i>588</i>	2.5 FAL	SEP 1 9 1995
	# \$78.75 Filing Fee & Certificate M: DAI_E Name 4/13 5A SANFORT Cit (407)	##13 SANACOVE	Filing Fee & Certified Copy & Certified Copy & Certified Copy & Certified Copy & Certificate Additional Copy Required M: DALE E LARCCK Name (printed or typed) H13 SANACCUE DR. Address SANFORD FL 32773 City, State & Zip (407) 324-5825

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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 8, 1995

DALE E. LAROCK 443 SANDCOVE DR. SANFORD, FL 32773

SUBJECT: THE TROPICAL ORCHID CO.

Ref. Number: W95000018148

We have received your document for THE TROPICAL ORCHID CO. 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 document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

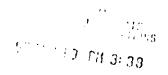
If you have any questions concerning the filing of your document, please call (904) 487-6928.

Letter Number: 695A00041616

Agnes Lunt Corporate Specialist

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF INCORPORATION



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:

THE TROPICAL ORCHID CO.

ARTICLE II PRINCIPAL OFFICE

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

44/3 SANDCOVE DR. SANTORD FL 32773

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 5602.5HARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

DALE E LARCCK 443 SANDCOVE DR. SANFORD FL, 32773

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

DALE E LAROCK 443 SANDCOVE DR. SANFORD Fly 32773

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

4 ST day of SEPTEMBER , 19 95

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE (on 19 PH 3: 39

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:	THE	TROPICAL.	CRCHID	00		
2. The name and address of the registered agent and office is:						

DALE E LAROCK HH3 SANGCOVE DR.
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)

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.

Dale & Jakoch 9-1-95
(SIGNATURE) (DATE)