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11-2529-7 POHDER'S INC., THOMASVILLE, GA.

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.

BALANCE DUE..... \$

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THANK YOU from Your Capital Connection

ARTICLES OF INCORPORATION STATE AND AND 28

NURSERIES NATIONWIDE DELIVERY, INC.

ARTICLE 1 - NAME AND ADDRESS OF CORPORATION

The name of the Corporation shall be: NURSERIES NATIONWIDE DELIVERY, INC.

The address of the Corporation shall be:

c/o Edward M. Livingston, Esq. P.O. Box 1599
Winter Park, FL 32790

ARTICLE II - DURATION

This corporation shall exist in perpetuity as provided for in *Florida Statutes*, Chapter 607.

ARTICLE III - PURPOSE

This corporation is organized to conduct any and all lawful business or act in any manner lawful under the laws of the United States and the State of Florida, including *Florida Statutes*, Chapter 607 (1976), generally known as The Florida General Corporation Act or any other statute of the State of Florida not inconsistent with *Florida Statutes*, Chapter 607 (1976).

ARTICLE IV - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 7,500 shares of Common Stock with \$1.00 par value per share.

The stock of the Corporation shall be issued for such consideration as may be determined by the Board of Directors.

Shareholders may enter into agreements with the Corporation or with each other to control or restrict the transfer of stock and such agreements may take the form of options, rights of first refusal, buy-sell agreements or any other lawful form of agreement.

ARTICLE VI - PREEMPTIVE RIGHTS

Shareholders shall have no preemptive rights.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The initial registered office of the corporation is 628 Ellen Drive, P.O. Box 1599, Winter Park, Florida 32790, and the name of the initial registered agent is EDWARD M. LIVINGSTON.

ARTICLE VII - INITIAL BOARD OF DIRECTORS

The business of this Corporation shall be managed by a Board of Directors consisting of not fewer than one person, the exact number to be determined from time to time in accordance with the By-Laws. The names and street addresses of the first members of the Board of Directors, who shall hold office until the first meeting of shareholders or until successors are elected, are as follows:

NAME	STREET ADDRESS		
Sharon C. Burrell	510 Jasmine Rd. St. Augustine, FL 32086		
Cinda Elaine Dixon	8270 Colee Cove Rd. St. Augustine, FL 32092		
Lance H. Camp	29 Tarragona Ct. St. Augustine, FL 32086		

ARTICLE VIII - INCORPORATOR

The name and address of the person signing these Articles is:

NAME ST	REET ADDRESS
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Edward M. Livingston 628 Ellen Drive Winter Park, Florida 32789

ARTICLE IX - BY-LAWS

The shareholders or the Board of Directors shall adopt By-Laws for the Corporation. The By-Laws may be amended, altered or appealed by the shareholders or the Board of Directors. The By-Laws may contain any provisions for the regulation and management of the affairs of the Corporation not inconsistent with law or these Articles of Incorporation.

ARTICLE X - AMENDMENT

These Articles of Incorporation may be amended or repealed by an affirmative vote of a majority of the shareholders at any meeting expressly called for said purpose, and all rights conferred upon shareholders hereunder are granted subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 19th day of September, 1995.

Edward M. Livingston

STATE OF FLORIDA COUNTY OF ORANGE

BEFORE ME, a Notary Public, authorized to take acknowledgments in the State and County set forth above, personally appeared EDWARD M. LIVINGSTON personally known to me and known by me to be the person who

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executed the foregoing Articles of Incorporation and he acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal in the State and County aforesaid, this 19th day of September, 1995.

Notary Public
Print Name:
My Commission Expires:

ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for: NURSERIES NATIONWIDE DELIVERY, INC. at the place designated in the roregoing Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

EDWARD M. LIVINGSTON

DATE: 9-19-55

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Florida Department of State, Sandra B. Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of <u>Florida</u> submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation is: New recies Noticewide Delivery, Tox
2. The mailing address of the corporation is: 510 Justine Rout 51. Augustine, Florida 32056
3. Date of incorporation/qualification: Sept 30 1995 Document number: P950000 725214. The name and address of the current registered agent and office:
Edward M. Livingston, P.A. 638 Ellen Drive. Winter Rick, Florida 32790
Winter Rick, Florida 32790
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) Sharon C Burre (
St. Augustine, Florida 32086
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so
(Signature of an officer, chairman or vice chairman of the board) (Date) (Date) (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) August 19, 1996 (Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)

FILING FEE: \$35.00

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