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TRANSMITTAL LETTER

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

CIOCOO 1 677200 -03/23/95--01140--010 ****122.50 ****122.50

SUBJECT:GILBE (F	RT 'S NURSERY roposed corporate	rame - must include suff	1x)	
Enclosed is an original for : \$70.00 Filing Fee	### \$78.75 Filing Fee & Certificate	opy of the articles of X \$122.50 Filing Fee & Certified Copy Additional Copy	#131.25 Filing Fee, Certified Copy & Certificate	-1 <u>-</u> LQ
FROM:	JTLDARDO Nami	MENDEZ (printed or typed)		FILED 6 JUNI 26 MY III: 06 ELLANGESSEE FLORITO
	3012	1 S.W. 151 AVE Address	_	II: 06
Jan 1]		D FLORIDA 330 ity, State & Zip	33	,
5mc 96		305) 3248-0615 e Telephone number	<u> </u>	

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

ARTICLES OF INCORPORATION

FILED

36 JULI 56 WILL: 06

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:

GILBERT'S NURSERY INC.

ARTICLE II PRINCIPAL OFFICE

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

30121 S.W. 151 AVE HOMESTEAD, FLORIDA 33033

ARTICLE III SHARES

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

20 SHARES.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and address of the initial registered agent is:

MARIA GARCIA 539 S.W. 7th Ct FLORIDA CITY, FLORIDA 33034

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):

- 1. JILDARDO MENDEZ PRESIDENT 30121 S.W. 151 AVE HOMESTEAD, FLORIDA 33033
- Z. ALELY MENDEZ VICE-PRESIDENT SECRETARY 30121 S.W. 151 AVE HOMESTEAD, FLORIDA 33033

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

(An additional article must be added if an effective date is requested.)

menal

Signature

Notarization is not required

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

CERTIFICATE OF DESIGNATION OF FILED REGISTERED AGENT/REGISTERED OFFICE OF HILL 26 AITH 06

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDAS TATUCES, 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:	GILBERT'S NURSERY INC.				
2.	2. The name and address of the registered agent and office is:					
	MARIA	GARCIA (NAME)				
	539_S (P.O. Bo	W. 7th COURT x or Mail Drop Box NOT ACCEPTABLE)				
	FLORIJ	OA CITY FLORIDA 33034 (CITY/STATE/ZIP)				

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 provisiors 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.

(SIGNATURE) 6.12.96 (DATE)