

P96000093686

TRANSMITTAL LETTER

FILED

96 NOV 12 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: OMNI NURSERY, INC.  
(Proposed corporate name - must include suffix)

800002002568--0  
-11/13/96--01083--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Enclosed is an original and one (1) copy of the articles of Incorporation and a check for :

☒ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ROBERT L. BEASLEY  
Name (printed or typed)  
77 N. THOMPSON RD.  
Address  
APOPKA, FL. 32703  
City, State & Zip  
(407) 886-8680  
Daytime Telephone number

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

11-15-96

## 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:

OMNI NURSERY, INC.

### ARTICLE II PRINCIPAL OFFICE

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

109 N. THOMPSON RD.  
APOPKA, FL. 32703

### ARTICLE III SHARES

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

ONE HUNDRED (100) SHARES AT TEN DOLLARS (\$10.00) PER SHARE

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT L. BEASLEY  
77 N. THOMPSON RD.  
APOPKA, FL. 32703

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**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):

ROBERT L. BEASLEY  
77 N. THOMPSON RD.  
APOPKA, FL. 32703

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

07 day of November, 19 96.

  
\_\_\_\_\_  
Robert L. Beasley 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**

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: OMNI NURSERY, INC.

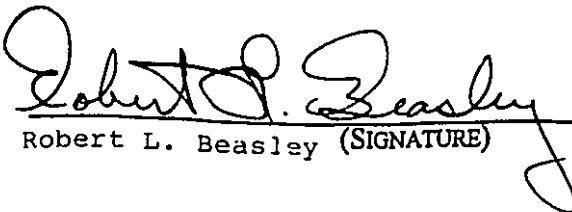
2. The name and address of the registered agent and office is:

ROBERT L. BEASLEY  
(NAME)

77 N. THOMPSON RD.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

APOPKA, FL. 32703  
(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 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.*

  
Robert L. Beasley (SIGNATURE)

11/07/96  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314

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