(SAMPLE LETTER OF TRANSMITTAL)



Re. FIRST SERVICE NURSERY INC. Inc.

000002011020--1 -11/21/96--01046--004 +++1/22.50 ++++1/22.50

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles corporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

FIRST SERVICE NURSERY INC.

MAILING ADDRESS OF CORPORATION

P. O. BOX 126513

HIRLEAH, FLA, 33012

PHONE

ORDER

O

Seminole Form 215: Trans. Letter (0195)



December 4, 1996

FIRST SERVICE NURSERY INC. P.O. BOX 126513 HIALEAH, FL 33012

We have received your document for FIRST SERVICE NURSERY INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

PLEASE LIST ONLY 1 REGISTERED AGENT IN ARTICLE VI.

A post office box is not an acceptable address for the registered agent.

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) 487-6934.

Loria Poole Corporate Specialist

Letter Number: 896A00054371

ARTICLES OF INCORPORATION

of

_ FIRST	SERVICE	E NURSE	ERV INO.			
	(name of corpora	ıtion)				
The undersigned acting as the incorporate the following articles of incorporation for s	erators of a corporation und uch corporation:	er the Florida Busines	s Corporation Act, adopt(s)			
The name of the corporation is:	ARTICLE I - CORPOR	ATE NAME				
FIRST	SERVICE	NURSE	RY INC.			
This corporation shall exist perpetually	ARTICLE II - DUR,		SECRETARILLA PROPERTY OF THE CARE AND THE CA			
	ARTICLE III - PUR		SSEE FLO			
The corporation is organized for the purpose of engaging in any activities or business permitted inder the laws of the United States and the State of Florida.						
The corporation is authorized to issue	ARTICLE IV - CAPITAL shares of comm		100,00 per share.			
ARTICLE V - INITIAL PRINCIPAL OFFICE The street address of the initial principal office and, if different, the m. iling address is:						
STREET ADDRESS 1940	NW 191	Street	#2			
CITY MIAMI	FLC	ORIDA	ZIP 33056			
Mailing address, if different		 				
STREET ADDRESS D, O, 6	30X 1265	513				
CITY HALEAH	FLO	ORIDA	zıp 330/2			
ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT						

NAME ADDRESS

CITY

The street address of the initial registered office and the name of the initial registered agent at the office is:

FLORIDA

ZIP 33056

ARTICLE	VII - INITIAL BOARD OF DIRECTORS	
This corporation shall have Two	_	he number of directors may b
either increased or diminished from time to time addresses of the initial director(s) of the corporat	by the By-Laws, but shall never be less that	m one (1). The names and
addresses of the initial director(s) of the corporat	ion are as ionows;	
NAME Rafael De	elgerdo	
ADDRESS 1940 N.W.	191 Street	#2
CITY MIAMI	STATE F/2.	zır 33056
NAME Estela Dela	2740	
ADDRESS 1940 N.W.	191 Street ,	# 2
CITY MIGMI	STATE	zır <i>33056</i>
NAME		
ADDRESS		
CITY	STATE	ZIP
ART	ICLE VIII - INCORPORATORS	
The names and addresses of the incorporators sign		ollows:
	-/a-42 /-	
ADDRESS (GLIA N. 11)	19498 19498	
CITY MIAMI	STATE F/2	ZIP 33056
NAME Estate Del	10 3 d a	211-5-70-5 b
ADDRESS 1640 NUL	191 Street 7	4 3
CITY MIGMI	STATE F	ZIP 3305%
NAME	SIME 77CY,	- 21 97 0 3 G
ADDRESS		
CITY	STATE	ZIP
The undersigned incorporator(s) have execute	_	
lay of November	, 19 <u>.96</u>	
		· ·

(Signature)

(Signature)

(Signature)

CERTIFICATE OF DESIGNATION REGISTERED AGENTY REGISTERED OFFICE

FRUICE NURSERY INC.

	(name of corporation)		
Pursuant to Florida Statutes Sections	48.091 and 607.0501, ti	he following is sub	mitted:
The above corporation, organized un	der the laws of the State	of Florida with its	registered office
as indicated in the Articles of Incorpo		<u> </u>	
nt 1940 N. W	. 191 11	rect #	·2
KIIAMI I	7 <u>-7. 330</u>	56	
has named Rafael	Delq &d	1	
located at the aforesaid address, as its	registered agent to acco	ept service of proce	ss within this
state.			
			SECTION SECTIO
	;	i	I2
			지의 모 [
			Col ::
Having been named as registered ages	nt and to accept service	of process for the a	boyu alate#
corporation at the place designated in			L* .

tered 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.

(Signature)