

P97000016023

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

100002089041--3
-02/17/97--01036--001
****122.50 ****122.50

SUBJECT: TRIPLE E NURSERY CORPORATION

Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$ 122.50.

FROM:

CARLOS D. CASAL

Name

9825 S.W. 87th. Street

Address

MIAMI, FLORIDA 33173-4060

City, State, & Zip

(305) 271-2904

Telephone Number

FEB 20

BSB

FILED
97 FEB 17 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

97 FEB 17 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
OF

TRIPLE E NURSERY CORPORATION

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:

TRIPLE E NURSERY CORPORATION

ARTICLE II PRINCIPAL OFFICE

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

20431 S.W. 187th. AVENUE
MIAMI, FL. 33187

ARTICLE III CAPITAL STOCK

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

5,000 COMMON SHARES
\$ 1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

DOUGLAS SANTILLAN AGUILAR
20431 S.W. 187th. AVENUE
MIAMI, FL. 33187

ARTICLE V INCORPORATOR(S)

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

DOUGLAS SANTILLAN AGUILAR
20431 S.W. 187th. AVENUE
MIAMI, FL. 33187

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

TENTH day of FEBRUARY, 1997

DOUGLAS SANTILLAN AGUILAR
PRESIDENT

ENRIQUE SANTILLAN AGUILAR
SECRETARY - TREASURER

Signature/Title

Signature/Title

STATE OF FLORIDA
COUNTY OF DADE

BEFORE ME, a Notary Public authorized to take acknowledgement in the State and county set forth above, personally appeared, all the above Incorporators known to be and known by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged to me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this

11 day of February, 1997

Loures Hernandez
Notary Public



My Commission Expires: _____

CERTIFICATE OF DESIGNATION
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: TRIPLE E NURSERY CORPORATION

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

DOUGLAS SANTILLAN AGUILAR
(NAME)

20431 S. W. 187th. AVENUE
(P.O. BOX NOT ACCEPTABLE)

MIAMI FL. 33187

(CITY/STATE/ZIP)

FILED
97 FEB 17 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SIGNATURE 

(corporate officer)

TITLE PRESIDENT

DATE 2/12/97

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.

SIGNATURE 

DATE 2/12/97