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

O. E. H. GIROUP CORPORATION SUBJECT: (Proposed corporate name - must include suffix) 300002169283--2 -05/07/97--01053--011 ******88.75 ******78.75 Enclosed is an original and one(1) copy of the articles of incorporation and a check for : \$78.75 \$70.00 \$122.50 \$131,25 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED FROM: ANILYN F. LOREDO Name (Printed or typed) 8930 SW 646 LANG City, State & Zip (305) 221-4915

Daytime Telephone number

D15/9

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



ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

Business Corporation Act, hereby adopts the following Articles of Incorporation.
ARTICLE I NAME The name of the corporation shall be:
O. E. M GROWN OF Miami Corp.
ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
8930 JW GHR LANE
KIIAKII, FL 33174
ARTICLE III SHARES
The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 SHARES OF COMMON STOCK, \$1.00 100 SHARES OF COMMON STOCK, \$1.00 100 SHARES OF COMMON STOCK, \$1.00
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial registered agent are:
ANIXVN F. LOREDO 8930 SW GYL XANE
MANI, FL 33174
ARTICLE V INCORPORATOR
The name and address of the incorporator to these Articles of Incorporation are:

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Signature/Incorporator Date

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

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/Registered Agent

-9-9/

Date